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The Education of the Graduate Nurse

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THIS IS THE SEASON of the year when a form of wanderlust is likely to seize nurses in any part of the country. Apparently settled quite comfortably and satisfactorily in their jobs, whether in hospital work, public health, or private nursing, they are suddenly, often quite unaccountably, restless, even unhappy. The feeling grows that perhaps it is time to shake off the habits of routine work and do something else. Not infrequently the form of change that is proposed is to "go away and take a course."

Sometimes the thought is pretty nebulous, without any clear idea of what would be a suitable or desirable course to take. Sometimes impending vacancies in her own organization point the direction very clearly. Sometimes nurses decide to go to university or into hospital post-graduate work for no other reason than that their friends are going the same way. Whatever may be the initial starting point, the germinating idea grows. Questions begin to form themselves. What? Why? Who? Where? How? Let us try to find some of the answers.

WHAT?

There are some 40,000 graduate nurses in active work in Canada today. The unprecedented expansion of hospital construction has increased the demand, not only for general staff nurses but also for classroom instructors, clinical instructors, supervisors, and directors of nursing. The Baillie-Creelman report on public health practice in Canada demonstrated a dearth of qualified public health nurses at the various levels. Thus the demand for more and more well equipped personnel is seen to be increasing rather than diminishing. A quick glance through the "Positions Vacant" pages in any issue of the *Journal* will demonstrate how widespread the need is. Operating room, obstetrical, pediatric supervisors—nursing arts, science instructors. These and many more are needed.

WHY?

In years gone by, even as today, it has been recognized that experience, under satisfactory conditions, has helped the nurse to grow into new

positions of responsibility. Without minimizing the values of this form of learning one iota, it has been demonstrated that the desired goal of well qualified personnel can be reached more satisfactorily, more quickly if, following a period of experience, a thorough grounding in the principles of teaching, of supervision, of public health nursing is secured under university auspices. Similarly, supervised experience in a hospital post-graduate situation provides the extra training that will broaden the perspective and increase the knowledge of the specializing nurse. A university or hospital post-graduate course taken without some preliminary graduate experience is generally less productive. The end result is more satisfactory, in the long run, when the nurse has had adequate experience.

WHO?

While the last remark would seem to imply that the brand-new graduate is not the logical person to enter on post-graduate training, some qualification of this statement is necessary. Attention should be paid to previous experience she may have had before commencing her training. Many nurses have been school teachers or engaged in some other occupation before they enter the school of nursing to train. Their added maturity of judgment and their ability to assume responsibility more quickly influence any decision that might be made regarding their acceptance for post-graduate work.

Other factors also have to be considered in deciding who are suitable candidates for post-graduate work. Age is not as vital a matter as flexibility of mind. Interest, a capacity for study, are more important elements than mental brilliance, perseverance than initial enthusiasm.

WHERE?

Included in this issue is a complete listing of the courses that are available at various Canadian universities, on both the degree and certificate levels. The hospitals that provide post-graduate training are also included. These lists should be studied carefully as a preliminary step. Some courses take only a few months—others up to a year or more. Certain related questions will come to mind. Can the desired course be secured near at hand or is it essential to travel? When a nurse is on a limited study budget, the expense of the fare to reach a distant university or hospital may be disproportionate to the benefits to be secured from enrolment there. While there is much to be said for the advantages of forming new contacts, getting a new point of view from study in another part of the country, it is wise to curtail unnecessary travel expense when equally satisfactory courses are available nearer home.

HOW?

The nurse has to realize also that there will be a period of several months during which she will not be earning, yet when living expenses will continue undiminished, may even be increased. Some thought has to be given to such matters as the type of wardrobe that will be required. The nurse who has spent her days in the white uniform of her hospital will want more street clothes for classroom wear at university. She will be wise to begin building up her supply of dresses, suits and sweaters, etc., well ahead of time. University fees are relatively high. Board and lodging seem expensive, particularly to one who has enjoyed full maintenance in a hospital.

In addition to her own accumulation of funds for study, many forms of financial assistance are available to nurses today. The preamble to the listing of courses indicates some of the sources that may be tapped. The most important point to realize is that for the ambitious, eager student, money can be secured if some help is necessary.

READY?

We know the restless urge that the nurse feels can be satisfied through post-graduate study. Having figured out what she wants and where she wants to go to get it, the next step

is to file an application. Don't overlook the courtesy, if applications have been placed in two or more centres, of notifying the director of other courses when an acceptance is received from one university or hospital. Enrolment has to be limited in order to provide adequate opportunity for all the students. Failure to notify the director promptly may result in depriving someone else of an opportunity for study.

The noted educationalist, John Dewey, once said, "No individual or group will be judged by whether they come up to or fall short of some fixed result but by the direction in which they are moving." The nursing profession moves forward under the impetus of every member. The continuing programs for the education of graduate nurses provide a reliable gauge of the direction in which nursing is going. A higher standard of care for the people of Canada is our goal. It has been said that the only advantage of having an objective is so that we can go so far beyond it that it cannot be seen. Let us ensure that there will be no shortage of qualified nurses to meet the goals of the nursing profession.

Atomic Warfare and the Civil Medical Profession

COLONEL J. N. CRAWFORD, M.B.E., E.D.

Average reading time — 8 min. 48 sec.

THE APPLICATION of the principles of nuclear fission to military use has placed in our hands, and presumably in the hands of our potential enemies, a weapon of greater destructiveness than any previously known. Because the atomic bomb is a strategic weapon, and a costly one, it is not to be expected that it will be used generally as an anti-personnel weapon against troops, unless these be densely concentrated in small areas. It *is* to be expected that it will be used for the destruction of large industrial centres and similar strategic targets in the enemy country. Because of the resulting effect on morale, it might be used against national political centres, apart altogether from any industrial importance these might have. It is evident that in an atomic attack, civilians are apt to be affected to a much larger extent than are soldiers. Civilian buildings will be destroyed, civilian bodies will be injured, civilian lives will be lost.

In these circumstances, the civilian medical profession (including nurses) may be called upon to undertake the treatment of an unprecedented number of casualties and this treatment may have to be given under the adverse circumstances that will result from the destruction of buildings, water supply, power lines, communication systems, and roadways.

The atom bomb has presented problems to civilization as a whole and to the medical profession in particular. Doctors and nurses may be called upon to play a leading rôle in the event of civil disaster. It behooves

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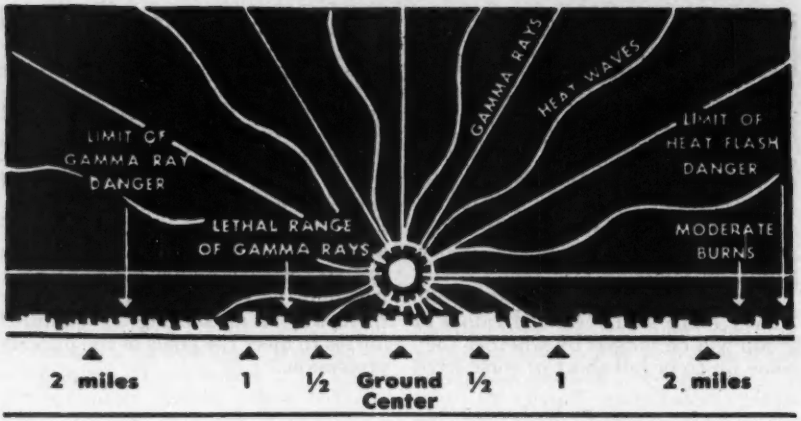
This material has been adapted from a talk which Col. Crawford delivered to the Alumnae Association of the Ottawa Civic Hospital in January. A graduate in medicine from the University of Manitoba, Col. Crawford practised in Winnipeg prior to World War II. He was senior medical officer in Hong Kong when it was captured. While a prisoner he kept careful records on the nutritional state of his fellow sufferers. These records have been most valuable in studies of avitaminosis. At present Col. Crawford is senior consultant to the Director General of Medical Services (Army).



each member of these professions to learn something of the effects of this great destroyer.

The atomic bomb produces its results by the sudden release of energy. The main effects of the bomb are of three classes:

1. Pressure effects—i.e., shock or blast.
2. Thermal effects—i.e., ray burns and fire.
3. Radiation effects—i.e., the changes produced by ionizing radiation.

Depending upon whether the bomb is exploded in the air, on the ground, or under water, the relative importance of these three factors will vary. For the purposes of this paper, the effects of an air burst are considered.

Pressure Effects—Blast

The explosion of the type of atomic bomb with which we are most familiar has a force roughly equivalent to the explosion of 20,000 tons of high explosive (T.N.T.). The heaviest bomb dropped by the Germans during the London blitz was about 1 ton. The heaviest bomb dropped by the Canadians on any of their raids was 10 tons. The warhead of the V2 rocket was 1 ton. You may know something of the damage produced by these. Try to imagine the effect of something 20,000 times more powerful. This tremendous explosive force produces total destruction of reinforced concrete buildings within a radius of 1,000 feet from a point directly below the explosion (ground zero or centre) and of weight-bearing brick walls for a radius of 6,000 feet. Moderate damage, to the degree that buildings would not be useable, extends for a radius of 2 miles. Window glass may be broken for a distance of 8 miles from the point of explosion.

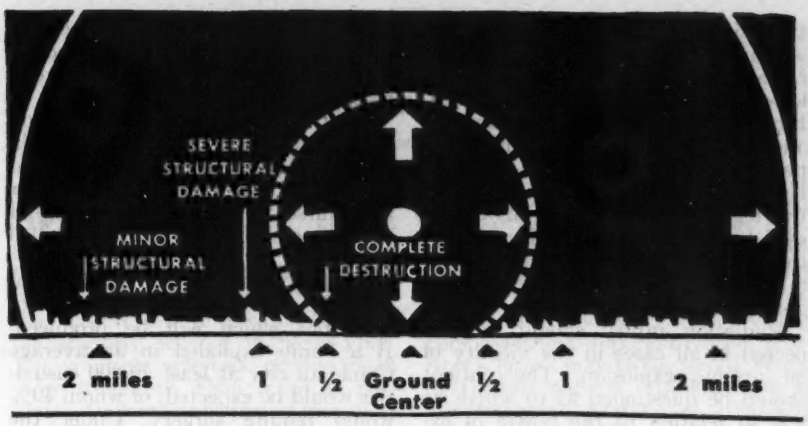
Unprotected people within half a mile radius will be killed and 60% of unprotected people within a radius of 1⅓ miles will be severely injured by flying or falling debris. Fewer people will be injured, and those less severely, beyond this, but injuries will still occur at long distances from ground zero. The multiple lacerations due to flying glass will be a common type of injury.

In event of an atomic explosion, 50-60% of all deaths will probably be attributable to the effects of blast.

Thermal Effects

An air burst of the bomb produces burns in two ways. The first is the effect of ultra-violet and infra-red radiation. This travels in straight lines and any object placed in the path of these rays will protect against them. Great heat is generated by them, so much so that the dark wood of telephone poles may be charred at a distance of 2 miles. Fires break out as a result of this heat and this is the second way in which burns are produced.

Fire damage will be severe for a distance of one mile from ground



(Diagrams adapted from a pamphlet issued by the New York State Civil Defence, as published in "R.N.", Feb. 1951 issue.)

zero and, in the absence of wind, will be limited at about 2 miles. Wind will, of course, extend the effects of fire.

Flash or ray burns will be fatal within half a mile and third-degree burns will result within one mile of ground zero, in unprotected personnel. Ordinary clothing will protect at one mile. Dark portions of clothing, because they absorb heat, are apt to catch fire and produce burns in this way. With patterned clothing, a "tattoo effect" may be produced. Light-colored clothing, even if quite thin, may give considerable protection. Climatic conditions affect the range at which ray burns will be suffered. The distance is greatest on a clear day.

In the event of an atomic bomb explosion, 20-30% of all deaths will probably be attributable to thermal effects.

Radiation Effects

The effects of ionizing radiation as a result of atomic explosion, because they are new in warfare, have caught the public interest. As a matter of fact, while important, these effects are less important as casualty producers than blast or thermal effects. In event of an air burst, only 15-20% of deaths will be attributed to radiation injury.

Ionizing effects are produced by the emission of alpha and beta particles, gamma rays, and slow and fast neutrons. Alpha and beta particles are only dangerous if they are inhaled or ingested. Gamma rays and neutrons are dangerous at a distance. Protection against gamma rays is provided by thick layers of heavy metal, or cement, and against neutron bombardment by materials containing a large proportion of water.

Total body radiation with a dose of 600-800 roentgen will produce death in 100% of cases. This will be found within a radius of half a mile of ground zero. At 1,300 yards, a median lethal dose of 450 roentgen will be found. This will kill 50% of people exposed and the rest will develop severe radiation sickness but will survive. At 1,500 yards, the dose will be only 150 roentgen. This will produce radiation sickness but should not be lethal.

A cloud of radioactive fission products is formed at the time of the explosion. These fall out over a large area, in the direction of the prevailing wind, but are so diluted that they have little if any harmful effect.

Ionizing radiation produces harmful effects on many tissues of the body. Affected to the greatest degree is the lymphoid tissue. Thus, the white cells of the blood disappear and

the resistance of the body to infection is diminished. The earliest sign of radiation sickness is vomiting, followed usually by bloody diarrhea. Blood-forming organs are damaged and hemorrhage with anemia appears. Petechiae appear in the skin. Hemorrhage is seen in the gums, about the teeth, and in the fundus of the eye. Later on the hair falls out but this is temporary. Temporary sterility may also result from the effect on the gonads.

Radiation injury should be suspected in all cases in the vicinity of an atomic explosion. The patient should be questioned as to where he was in relation to the centre of explosion and what amount of shielding might have been interposed between him and the explosion. Generally speaking, the earlier the onset of vomiting, the more severe has the radiation been.

Treatment

The treatment of the casualties, which result from an atomic explosion, is rendered very difficult by a number of factors:

First is the difficulty which will be experienced in digging casualties out of debris, in areas which may be radioactive or on fire, and in transporting them through streets which are choked with debris to a place where they can be treated.

Next, there is the great destruction which will have been wrought in normal medical establishments and the depletion of the ranks of doctors and nurses. In Hiroshima, 90% of the doctors and nurses were killed or injured.

Thirdly, there is the difficulty of treating the enormous number of casualties which will be produced. If a bomb exploded in an average Canadian city at least 20,000 casualties would be expected, of whom 40% would require surgery. Under the most favorable circumstance of warning of attack and adequate shelter, 6,000 casualties are to be expected.

These casualties must be handled in the damaged medical installation or in improvised ones and by depleted numbers of doctors and nurses. Every graduate nurse, whether she is now actively engaged in nursing or not, will be required to assist. If this article does nothing more than to make you aware of the tremendous task which possibly will be yours in the future, it will have served its purpose.

Sex Guidance in Family Life Education

Boston University, in cooperation with the Massachusetts Society for Social Hygiene, will conduct at Boston a summer workshop on Sex Guidance in Family Life Education for three weeks starting July 9, 1951. Co-leaders of the workshop will be Perry Dunlap Smith of the North Shore Country Day School in Illinois and Herbert D. Lamson, teacher and counsellor in marriage at Boston University. There will be lectures and seminars, lectures being given by psychiatrists, pediatricians, sociologists, and marriage counsellors. This workshop is designed for teachers in any field, administrators, parents, librarians, religious workers, guidance counsellors, social workers, nurses, and any others who wish an orientation in this field. The course will carry either graduate or undergraduate credit depending upon the work done. For further information write to *Director of Summer Session, 725 Commonwealth Ave., Boston, Mass.*

Color

The visible light spectrum forms only a small part of the whole spectrum of radiation. The appreciation of color depends upon whether the eye and the brain can respond appropriately to reactions set up in the retina when this delicate nerve layer of the eye is bombarded by various wave lengths of light. It can truly be said then that color, like beauty, exists only in the mind of the beholder. —*Industrial Health Bulletin*

Multiple Sclerosis

W. SCHWEISHEIMER, M.D.

Average reading time — 17 min. 36 sec.

WE ARE ALL familiar with the National Foundation for Infantile Paralysis but few people know that there is also a National Multiple Sclerosis Society, an association for the advancement of research in multiple sclerosis, located in New York. Yet multiple sclerosis occurs much more frequently than infantile paralysis. In fact, multiple or disseminated sclerosis ranks third in frequency among neurological disorders.

It is not easy to make an early diagnosis of multiple sclerosis. The clinical features are protean and a multiplicity of symptoms characterizes the picture. Certain grouping of symptoms is characteristic but their combination is seen only later in the disease. There are three definite symptoms which make diagnosis possible: nystagmus, scanning speech, and an ataxic tremor of the intention type, particularly of the upper extremities.

CHARCOT'S TRIAD

This group of symptoms has been called Charcot's triad. They were first combined in the classical description of Jean-Martin Charcot, a French neuropathologist, and one of the most important nineteenth-century figures in the development of neurology. Applying the information he had obtained upon the different kinds of tremor, Charcot distinguished between paralysis agitans and multiple sclerosis, which had not been previously separated. He found the connection between the symptoms and the pathologic changes in the spinal cord in multiple sclerosis.

Symptoms vary with the site of the lesions and extent of involvement. The legs may feel weak, stiff, and numb. Abdominal reflexes may be absent while Babinski and Oppenheim phenomena appear. Other frequent signs are: paresis or hemiparesis of single limbs, spastic paraplegia, spastic-ataxic gait, vertigo, frequency and urgency of urination, chronic constipation, girdle sensations and other paresthesias, loss of vibration and position sense, and general weakness. Wherever spasticity occurs in a young person without apparent reason, multiple sclerosis may be suspected. When nystagmus once is established, it is less likely to partake of remission than other symptoms. Generally, remissions are frequent and the whole development of the disease is slow and long-drawn.

The cerebrospinal fluid is negative to the Wassermann test. Some type of alteration in the spinal fluid is found in about 70 per cent of cases. These include a moderate increase of cells (10 to 100), increase of total protein, and alterations in the colloidal gold curve.

ONSET AND CAUSES

Multiple sclerosis occurs more frequently in the British Isles and on the European continent than in North America. It usually begins between the ages of 20 and 40. It is a disease of early adult life, although cases have been recognized as early as 10 and as late as 50 years. The fleeting character of early symptoms and the remissions to almost complete normalcy prevent the patient from realizing the actual date of onset. A steadily progressive disability or one limited to the lower extremities calls for caution in diagnosis. Males are somewhat more frequently affected than females.

There is a general belief that there is no definite familial incidence of multiple sclerosis and that no heredofamilial factor plays a part in its origin. However, in 1933 Curtius reported 89 families with several members affected. Later Curtius and other observers cited additional evidence, either of the familial occurrence of multiple sclerosis or of the concur-

rence of sclerosis with other organic lesions of the nervous system. Recently in Switzerland, C. Maier reported three cases where a mother, her son and daughter were all under clinical examination. The diagnosis later was confirmed by autopsy.

There is no agreement among neurologists in regard to the cause of multiple sclerosis. Infections, unfavorable climate, pregnancy, fatigue, poor nutrition, chilling, and emotional disturbances have been considered responsible for attacks. Roy R. Grinkler mentions that the disease not infrequently begins, or is made worse, after childbirth or operations in which ether or chloroform are used as anesthetics. It may be that the lipoidal solvent, acting on the lipoid structures of the myelin sheaths, assists the demyelinizing effect of the noxious agent producing the disease.

Pregnancy is comparatively frequently associated with the beginning of multiple sclerosis or a relapse. The *Journal of the American Medical Association* published a query whether a primipara aged 23, eight months pregnant and afflicted with multiple sclerosis, could expect a normal delivery. The patient could hardly walk and the abdominal reflexes were absent. The expert of the *Journal* replied that many such patients have had normal deliveries. When the patient has paraplegia there is always the possibility that she might have difficulty in spontaneous delivery. Because the puerperium can precipitate or aggravate an attack of multiple sclerosis, Cesarean section and sterilization are recommended.

Patients afflicted with multiple sclerosis often complain that in cold or damp weather their symptoms become more pronounced. Patients who move from an unfavorable climate to a mild, dry one are often free from acute relapses. Further statistical studies on this point are being made by the National Multiple Sclerosis Society. Relapses sometimes seem to be precipitated by periods of overwork, long automobile rides, and exposure to cold. The effect of acute infections is often striking: influenza, typhoid fever, scarlet fever, rheumatic fever, malaria, pneumonia, and tonsillitis have frequently preceded multiple sclerosis. Possibly the influence of climate lies chiefly in the lower incidence of infections.

Connections between multiple sclerosis and diet are very obscure. It has been said that after a prolonged reducing diet or after long use of dietetic "fads" attacks of the disease have been provoked. A better than average diet is recommended, with special care to include enough roughage to ensure regular elimination.

Changes in Central Nervous System

Recent pathologic studies have made it clear that a large proportion of axis cylinders are often destroyed in the acute phase of the disease process. As the acute phase passes, a tendency to recovery can usually be observed. The larger the lesion and the longer the disease has continued, the more severe the damage to axons. "Any useful regeneration of axis cylinders in the central nervous system is at present inconceivable." Possibly mildly damaged nerve elements might be restored by some alteration in nutrition or circulation; or some long-standing symptoms may be alleviated by relaxation exercises and retraining which have no beneficial effect on the disease itself.

Multiple sclerosis is characterized by chronic induration occurring in patches in different parts of the nervous system. According to T. J. Putnam and L. Alexander, the parenchymal lesions are secondary to a local disturbance of circulation. This point of view suggests that the conception of a specific process of demyelinization peculiar to multiple sclerosis deserves revision. The fact that fibrous gliosis is not observed in the most acute lesions of multiple sclerosis suggests that the glial scar is secondary to the local destructive process. The fact that many axis cylinders are damaged has also an important bearing on prognosis and treatment. The acute stage of swelling and distortion of axis cylinders seems

to correspond to the acute stage often observed in symptoms. Putnam and Alexander see little hope that treatment would increase the number of existing axis cylinders once the lesion is formed.

Treatment

A most helpful survey of the total question of treatment of this disease has been published recently by the National Multiple Sclerosis Society. As with every disease where no definite therapy is possible—because no cause has been discovered—much of the present therapy of multiple sclerosis is searching in the dark. Here is a short outline of present therapeutic possibilities described by the society:

The usefulness of *curare* is limited to those cases exhibiting spasticity. Where indicated, its therapeutic value may be twofold. First, there is the reduction in the hyperactive stretch reflex which may unmask the patient's remaining motor power by increasing the efficiency of motor management. Second, the lessening of spasticity may permit increased range of motion and, coupled with competent physiotherapy, prevent contractures incident to prolonged abnormal postures. In cases in which spasticity is associated with good voluntary power, curare therapy along with adequate re-education may yield striking rehabilitative results. In some patients the use of curare appears to increase fatigue. Curare is known to have histaminic side-effects and to cause vertigo in about 10 per cent of cases. It is a potentially dangerous drug and should be prescribed only by physicians who have had experience with its actions.

The physiologic antidote of curare is *neostigmine*. Strange as it may seem, neostigimine also has been used much in the treatment of multiple sclerosis, notwithstanding its pharmacologically opposed action.

Various other drugs such as *amphetamine*, *dextro-amphetamine*, *diphenhydramine*, and *tripelennamine* have been used in the treatment of chronic cases, sometimes with obvious relief. *Anti-reticulocytotoxic serum* is under trial.

The use of antibiotic substances of *various vaccines* and *fever therapy* has been generally abandoned. *Penicillin*, of course, had no successful results.

The use of *histamine* cannot be adequately evaluated until more time has elapsed. Horton and his associates reported the use of histamine intravenously, in the treatment of 102 patients, 24 of whom had acute multiple sclerosis and 78 with chronic manifestations. The daily dose, consisting of 2.75 mg. of histamine diphosphate in 250 cc. of isotonic saline solution, was given at the rate of 2 to 6 cc. per minute. Of the 24 patients with the acute form of the disease, 18 became clinically well, one showed 70% improvement, and one 40% improvement. There was no improvement in three. Of the 78 chronic patients, 36 showed degrees of improvement varying from 10 to 95%, while 42 had no objective improvement "although many were subjectively improved." Horton and his associates attribute the improvement brought about by histamine therapy to vasodilatation. They emphasize that since spontaneous remission occurs in many cases it is difficult to evaluate this therapy but that if early diagnosis is made much may be accomplished by therapy undertaken before irreversible changes in the nervous system have occurred.

Histamine, according to publications from the Mayo Clinic, is the most powerful vasodilatating agent available for increasing the blood supply to the central nervous system. Hence the rationale for its use in subjects with multiple sclerosis.

Based on evidence which suggests the possibility that vascular obstruction, probably a thrombosis of venules, is a link in the chain of causation of multiple sclerosis, *dicumarol*, an anti-coagulant, has been used in certain cases. The National Multiple Sclerosis Society points out that a great defect in the use of histamine is the brevity of the period of vasodilatation. Theoretically, good vasodilatation should be maintained 24 hours a day. Histamine may be given as a continuous infusion but this limits the activity of the patient, a factor which may be disadvantageous if continued over a long period. When employed daily by brief infusion, histamine may be combined with other vasodilatating, orally administered drugs.

Sympathectomy, which was founded on the vascular theory of multiple sclerosis, has apparently been abandoned.

In experiments with cats, Moore found that *nicotinic acid* produced vasodilatation of the brain and spinal cord. With human patients, the drug was, in general, given intramuscularly in doses varying from 80 to 140 mg. two or three times a week. Vitamin B_1 was also given. These patients had previously received fever therapy and other forms of treatment with only temporary benefit, usually followed by some aggravation of symptoms. Nicotinic acid-vitamin B_1 therapy produced favorable results in all cases, improving bodily movements, walking, and decreasing spasticity. Although complete remissions were not obtained, the progressively downhill course of the disease seemed to be halted. Moore believes that this therapy should be tried in early cases.

Muscle Re-education

Excellent results have been obtained in a number of chronic cases by muscle re-education. Rehabilitation is difficult and may be impossible in the severely involved patient who has been confined to bed or a wheelchair for a number of years. Here are some of the recommendations made as a result of the experience obtained in the Department of Rehabilitation and Physical Medicine, Bellevue Hospital, New York:

Heat, water, massage, and therapeutic exercise are of value; physical and occupational therapy and rehabilitation procedures are helpful in symptomatic treatment. Every joint has a specific number of movements and range of motion. The physical therapist should test each joint to discover if there are any limitations of motion and the extent of them.

A muscle test, as done in poliomyelitis, may discover the muscle groups which are paralyzed, weak, spastic, or rigid. Muscle tests repeated over a period of months will give valuable information. The functional activities test consists of activities essential for daily living. This test evaluates what the patient can do with his disability in performing activities which require movements at the joints, muscle power, and coordination.

The movements employed in massage are useful in accelerating the flow of blood in the skin, subcutaneous tissue, and muscles. Massage is also useful in producing a sedative effect on the nervous system, thus relieving spasm and rigidity of the muscles. Warm baths tend to produce relaxation of the muscles and relieve pain.

There is no form of physical therapy as useful in the treatment of these patients as *active and passive movements*. By means of such exercises the movements of the joints, as well as the strength of muscles and coordination, may be maintained and increased. Passive movements are useful in overcoming spasticity and contractures of the muscles, adhesions in the joints, and tightening of the ligaments. They prevent deformities which may interfere with use of the extremities should remissions occur. Active movements and the arts and crafts activities are used by therapists to strengthen the muscle groups which are below normal, to prevent atrophy from disuse, and to maintain or reestablish coordination.

Morale Building

It is interesting that a whole chapter of the report of the National Multiple Sclerosis Society is dedicated to the problem of relieving the patient from anxiety—to his mental nursing care. In fact, this chapter shows an unusual understanding of the psychological needs of a chronically ill patient and is of utmost value for both the physician and the nurse. It is one thing to take care of patients where a reliable therapy has been established—such as in diabetes. It is quite another thing to deal with a chronic disease for which all therapeutic measures are still on a fluctuating and vacillating basis. Psychological treatment and nursing care are of decisive importance in the latter case.

The patients with multiple sclerosis are in a situation which they consider threatening. They have a strong need for someone on whom they can depend. This constitutes a large part of the treatment responsibility. Relieving anxiety, working out ways of

overcoming physical handicaps, developing positive interests which make the situation more tolerable—these are specific goals for the patient though they may hardly come within the orbit of the average treatment of a chronic condition. The problem which the disease represents to the patient has to be dealt with in an effective manner. He has to be convinced that this disease, as any serious life situation, presents a challenge which he needs to meet effectively.

These are the possibilities which make life tolerable for a patient suffering from multiple sclerosis or from any other ailment which so far has not been conquered by an effective physical or chemical therapy. They take time but they are the very essence of the unselfish and self-forgetting art of healing and nursing.

Gallbladder Surgery

MARY K. MCGRATH

Average reading time — 15 min. 48 sec.

THE EARLIEST record of surgery on the gallbladder was when VanderWiel, in 1687, performed a cholecystotomy on a living human. Then this operation was entirely forgotten until Meredith performed it in 1883. The first cholecystectomy on a human was performed by Langenbach in 1882. Experiments on animals had been done as early as the seventeenth century.

We shall consider the anatomy, position, and one phase of surgery related to this important organ of the body. Occasionally the gallbladder is absent, sometimes there are two separate gallbladders. Normally it is situated in the right half of the epigastrium. It is lodged in a sac, in a fossa on the under surface of the right lobe of the liver, extending from near the right extremity of the aorta to the anterior border.

It is a pear-shaped membranous sac, 8-12 cm. long, 4-5 cm. at its widest portion. When not distended it contains 40-50 cc. of fluid. There are three portions—the fundus, body, and neck—the latter being continued into the cystic duct. The fundus lies at the point where the lateral border of the right rectus muscle crosses the cartillage of the 8th or 9th rib. It lies free and is directed down, forward, and to the right and projects beyond the anterior border of the liver. The lower surface rests on the right colic flexure.

The body and neck are directed upward and backward to the left. The upper surface is connected to the liver by connective tissue and vessels extending to the liver surface. It rests on the pars superior duodeni. The peritoneum covers nearly the entire gallbladder with the exception of its upper surface where it is attached to the liver. Occasionally it surrounds the gallbladder entirely. Thus the gallbladder may be surrounded as it were by a meso-gallbladder.

The wall of the gallbladder consists of three layers: Tunica serosa, muscularis, and mucosa. The tunica serosa covers the fundus, neck and body on the under surface. The fibro-muscular coat forms a framework of dense fibrous tissue which interlaces in all directions and is mixed with plain muscle fibres running longitudinally. The mucous coat is loosely connected with the fibrous layer and is yellow-brown in color. It is plicated in numer-

A capable surgical nurse, Miss McGrath, of Dublin, Ont., believes in post-graduate courses to keep herself up to date in her work. This paper was prepared in conjunction with such a course.

ous folds which become longitudinal in the neck and finally form a spiral-shaped fold—the spiral valve which reaches the cystic duct and occasionally continues into it. The mucous membrane is continuous, throughout the hepatic duct, with the mucous membrane lining the liver bile ducts, the common bile duct, and with the mucous membrane of the duodenum. It is covered with a columnar epithelium which secretes mucin.

Bile Ducts

Connected with the gallbladder are the right and left hepatic ducts which unite with the cystic duct to form the bile duct. The cystic duct meets the main hepatic duct to form the common bile duct. Just before the common bile duct pierces the duodenum, it is joined by the pancreatic duct from the pancreas to form a short tube ⅛"-½" long (the ampula of Vater). The cystic duct usually joins the main hepatic duct at an acute angle but may have an angular union or a parallel course or be of the spiral type. Consequently, during surgery, it is very easy to injure the cystic, hepatic, and the common bile duct by removing the gallbladder and leaving behind a large portion of the cystic duct. A few months later, it will dilate and give the same symptoms as the original gallbladder.

Sometimes, the right and left hepatic ducts join each other in the liver substance and outside of the liver present themselves as a single main hepatic duct. In some cases there are three hepatic ducts which form the main hepatic duct. Unfrequently, the main hepatic duct is absent. In these cases, the cystic duct and two hepatic ducts join each other at a common angle, thus forming at once the common bile duct.

If the surgeon wishes to drain the main hepatic duct through the cystic duct, he will insert a drain into one of the hepatic ducts, thus producing only partial drainage. If the drainage of the hepatic duct has been made with the intention of diverting temporarily the flow of bile into the common bile duct, after suturing the latter, this aim will not be accomplished.

There may be accessory bile ducts. These are tributaries of either the right hepatic duct or the main hepatic duct, the common bile duct, even the cystic duct. This is of surgical significance, since the duct may easily be clamped by the surgeon while performing a cholecystectomy.

Blood Supply

As is characteristic of every other organ, the gallbladder has a good blood supply. In the normal arrangement of blood vessels, the hepatic artery takes its origin from the celiac artery and runs retroperitoneally to the right until it reaches the right gastro-pancreatic ligament which it penetrates and then turns upward. Before turning upward, it gives off the gastroduodenal artery and, a little higher, the right gastric artery. Then, it breaks into two terminal branches, the right and left hepatic arteries, each of which runs to the corresponding lobes of the liver. From the right hepatic artery arises the cystic artery, which runs to the gallbladder and breaks into two branches, the anterior and posterior, which gives the blood supply to the corresponding surfaces of the gallbladder. The right hepatic artery usually takes its origin from the main hepatic artery. However, sometimes it springs from the aorta, the right gastric, the right renal, or the superior mesenteric artery.

Many difficulties may be encountered while performing operations on the biliary tract due to these abnormalities and failure to identify their structures.

Function and Disorders

The gallbladder stores and concentrates bile, which accumulates within its lumen because of the resistance of the sphincter of Oddi and relaxation of the gallbladder which occurs between meals. In this manner it correlates with the secretory activity of the liver and the gastrointestinal tract. Loss of the gallbladder is com-

pensated by the dilatation of the extra hepatic ducts.

Many disorders arise which necessitate gallbladder surgery. These may be due to:

1. *Infection* due to streptococci, bacillus coli, bacillus typhus, or staphylococcus. Infection reaches the gallbladder in three ways: by hematogenous method; lymphagenous method; from adjoining organs.

Bacteria excreted by the liver are carried in bile to the gallbladder by the hepatic artery and the cystic duct.

Infection may ascend from the duodenum by way of the common bile duct.

Infection by direct extension of inflammation from some nearby organ, such as the colon, may penetrate into the gallbladder.

The lymph tissues and the blood stream convey bacteria.

Infected teeth, tonsils, etc., may excrete bacteria which are carried by the bile.

2. *Obstruction* is due frequently to the presence of calculi. These are found with or without infection in 50 per cent of the cases and 25 per cent of the patients are past the age of 45. They are found in three times as many women as men. These patients usually have a history of obesity with multiple pregnancies. These stones take on many shapes and are thought to be the result of altered cholesterol metabolism and reflux pancreatic secretions, which also alter the bile pigment.

Carcinoma of the gallbladder comprises 5-6 per cent of all tumor cases. Stones are usually present.

Gangrene of the gallbladder due to stricture of the blood supply.

Empyema of the gallbladder due to stricture of the cystic duct. In this instance the brown color fades, due to the destruction or absorption of bile pigment and the contents are colorless—white bile. This is known as hydrops.

Benign tumors of the gallbladder.

Calcification of the gallbladder.

Ulceration of the gallbladder (usually near the fundus). In most cases the liver is affected.

Symptoms of Cholecystitis

The symptoms of disorders usually include: nausea and vomiting, loss of appetite, chills, fever, epigastric and left shoulder pain, constipation, rigidity of the right rectus, jaundice, leukocytosis.

X-ray helps to visualize the position and shape of the gallbladder. The van den Bergh test, which gives the amount of bilirubin in the bloodstream, is very important in diagnosis, as is the sedimentation rate.

Purpose of Surgery

The aim of gallbladder surgery is to re-establish the biliary intestinal continuity by the fastest method. Early surgery is facilitated if the symptoms present themselves before marked evidence of pericholecystitis or pericholdochol inflammation has developed. Early surgery often helps prevent a possible diagnostic error such as acute appendicitis.

Such surgery is not advised until the general condition, jaundice, obstruction, and signs of severe infection have been retarded. These are treated medically by diet, penicillin, vitamin K, and intravenous.

In most cases, one incision is made through the skin, from the right side of the ensiform notch, obliquely down to 4 cm. from the right of the umbilicus. The outer sheath of the rectus is divided in the same line as the skin and the right rectus is retracted laterally, after being freed from the sheath on the mesial side. The sheath of the rectus is opened, as is the peritoneum, 1-2 cm. from the midline and high to the thorax.

After opening the abdomen, the gallbladder and surrounding viscera are examined. The stomach is examined along the anterior and posterior surfaces of the lesser curvature. After this, the liver is rotated so that the inferior surface faces anteriorly and is drawn upward. This is done by grasping the anterior border with the hand covered with a moist gauze sponge.

The gallbladder is then walled off by three laparotomy pads or a three-yard pack. The suspensory ligaments of the liver and adhesions are directed and cut.

The common bile duct and cystic duct are exposed, identified, and examined. If stones are found in the common bile duct, they are removed first before the cholecystectomy. The cystic duct is dissected. The peritoneum is incised. A curved forcep is passed from below so that the break projects between the duct and the cystic artery. After 2 cm. of the cystic duct has been exposed, the duct is caught by two narrow-bladed six-inch clamps and dissected by a knife or scissors and tied with chromic catgut No. 1.

The cystic artery is separated, divided, and tied with chromic catgut No. 1.

The gallbladder is peeled from the liver, in the place of cleavage, by tension and dissection. In cases of abnormal bile content, it is drained first by the introduction of a trocar, or stones are removed by a scoop. Then the opening is clamped shut and the dissection proceeds.

After removal of the gallbladder, the fossa is closed with chromic catgut No. 0 with a small atraumatic needle.

The packs are then removed. Bleeding is stopped with hemostats and tied with chromic catgut No. 0.

The abdomen is then closed in layers—the peritoneum, muscle, fascia, and skin—with sutures of the surgeon's preference.

In some instances a Penrose drain is introduced near the gallbladder bed when bile has escaped.

There are cases when it is necessary to do a cholecystotomy for instant relief. This is done by exposing the gallbladder in the same manner and incising it, and inserting a rubber catheter drain, which is fastened by a purse string of chromic catgut No. 0 with atraumatic needle, and closing the abdomen in layers.

There are several other surgical procedures pertaining to the gallbladder but a cholecystectomy is perhaps the most common.

SUTURES

Chromic 0 with atraumatic needle used on the raw surface of the liver to close the gallbladder fossae of the liver. This suture is absorbed.

Chromic 1 used to tie the cystic duct and artery following dissection. It is sometimes used either as a continuous suture or interrupted to close the abdominal peritoneum on a curved Mayo needle. Some surgeons use this suture also on the muscle and fascia. This suture is absorbed.

Wire 30 is sometimes used on a large Mayo needle to close the fascia of a very stout patient. The sutures are interrupted. Wire remains as a permanent non-absorbable suture.

Wire 35 is almost routinely used on a straight Keith cutting-edge needle to close the skin with interrupted sutures when wire 30 is used on the fascia and muscle.

Cotton 30 preferred by some surgeons to close the fascia and muscle. It is used in interrupted sutures on a Mayo needle. Cotton remains as a permanent non-absorbable suture.

Cotton 40 used to close the skin when cotton 30 has been used on the muscle and fascia. It is used on a straight Keith cutting-edge needle either as an interrupted or continuous suture. These sutures are removed after healing.

Michel clips used to close the skin layer when the surgeon has used chromic as routine closure. These are removed after healing has taken place.

Penrose drain sometimes left to drain the gallbladder bed area when bile has escaped during surgery. It is long enough to protrude through the skin incision and is anchored with a safety pin. This drain is removed ½" daily.

Although the surgeon may employ only one or all of these sutures, they are more or less routine and depend entirely on his desired technique.

Nearly all of us hold some beliefs that are dependent upon emotional rather than rational convictions and no amount of argument will alter them. Delusions are a marked form of belief that very often have a core of truth in them. In helping these patients, nurses must search for the tiny grain of truth, and, working from it, try to convince by attitude and behavior rather than by argument.—STORR

Myasthenia Gravis in a Newborn

ROBERTA LERICHE *and* LOUISE ROSEVEAR

Average reading time — 5 min. 36 sec.

MYASTHENIA GRAVIS is a disease characterized by weakness and undue fatigability of the skeletal or voluntary muscles. In severe cases the patient can scarcely lift his arm or leg. It is a metabolic or endocrine disturbance with the end results affecting the muscular system. The onset of the condition is usually after puberty and during early life. It may be associated with overactivity of the lymphatic tissues of the thymus. The mainstay of therapy is neostigmine. Its effects are prolonged when fortified by ephedrine and the two drugs should be used together.

One interesting case was followed at the Royal Victoria Hospital, Montreal. A young woman in her early twenties suffered from this condition. A thymectomy was performed with very little benefit to the patient. Her medical advisers warned her against marriage and particularly against child-bearing. However, she married and shortly afterwards became pregnant. On December 3 she gave birth to a baby girl. This is the story of our care of that infant. She is still progressing favorably. Unfortunately, the mother's condition deteriorated following the birth of her child. She died of a severe attack of myasthenia gravis a month after the birth.

Baby Pleau was admitted to the pediatric ward when only five days old with the complaints: atonia of muscles since birth; unable to suck; unable to swallow.

She was a full-term baby. At birth "Mya," as she was quickly nicknamed by the nurses on the ward, was completely limp. Her respirations appeared normal and her color was good. Her face had a mask-like expression and her eyes and mouth were open. If moved, the position of her head remained unchanged and her arms and legs hung limply. There was no movement of lips or eyelids; neck muscles were toneless and there was no gag reflex. Six hours after birth the baby was given her first injection of prostigmine, 1/20 mg., which produced a definite increase in tone. Voluntary movements were noted for the first time. Following the further administration of prostigmine, voluntary movement of all limbs began. There was a faint gag reflex, an increase in the secretion of mucus and in the excretion of meconium.

The baby required constant attention. Special nurses were with her continuously from birth until the end of the second week. Due to her inability to swallow she became severely cyanosed every 15-20 minutes and when suction was applied considerable amounts of thick, stringy mucus were removed from her nose and throat. Procaine penicillin, 100,000 units, was administered every day. Prostigmine, 1/20 mg., was given intramuscularly every four hours and ephedrine capsules, gr. 1/40, two hours after. After each dose of these two drugs the child became quite active. During these short periods she quite frequently sucked her fingers but as the effects of the drugs diminished she would lapse back into her usual apparently lifeless condition. The baby's temperature was controlled by the heat of the "humidicrib" and oxygen was administered by funnel continuously. Her position was changed every hour, the cot being elevated constantly to facilitate the removal of mucus. Her fluid balance was maintained with 10% glucose and water and amigen by intravenous and clysis for a week when she was first gavaged with 30 cc. of 5% glucose

Miss LeRiche and Miss Rosevear worked in the pediatric department at the Royal Victoria Hospital, Montreal, when this baby was admitted. Currently, both these nurses are on the staff of the Royal Columbian Hospital, New Westminster, B.C.

and saline q. 4 h. Intravenous feedings and the clysis were continued every day as approximately half of the gavage feedings were regurgitated. On these occasions she would cry weakly as though hungry. This was most encouraging to those in attendance and was one of the many features that made the baby so loved by everyone. The next day the gavage feedings were changed to 20 cc. of 5% glucose and water with 20 cc. amigen. Her approximate intake was 300 cc. per day. Voiding was nearly normal and small amounts of meconium were passed frequently.

When she was ten days old, the dosage of prostigmine was increased to 1/8 mg. Her periods of complete inactivity were decreased and most of her gavage feedings, which were now 60 cc., were retained. Her cry was stronger and more often in evidence, her eyes were usually open and her face had lost its pathetic, blank expression.

Milk feedings were started when she was three weeks old. At first these consisted of one teaspoon of condensed milk in one dram of water. This was gradually increased until Brecht feedings were attempted and finally established one week later. Though she still became cyanosed and required suctioning, very small amounts of her feedings were regurgitated. "Mya" learned quickly. When she graduated to ward supervision and bottle feedings it was, indeed, a day of celebration. From then on the dosage of prostigmine and ephedrine were gradually decreased and finally discontinued. The baby gained in weight considerably. Her first known weight was 5 pounds, 7½ ounces. Her weight at the age of two months was 8 pounds, 4½ ounces. She came a long way during her stay in Ward N. When we last saw her, her appearance was that of a normal, healthy baby.

The Social Service Department followed "Mya's" gradual improvement very closely. Their task was complicated by the death of her mother. The baby was discharged to the home of her aunt. This lady understands the care required and she has proved quite competent in looking after the baby. The pediatric clinic continues to follow the baby's progress at regular intervals.

"Mya," a difficult nursing problem, has been a very satisfying and educational one to those who had the opportunity of nursing her.

Paraplegic Film Available

Dr. Gustave Gingras, director of rehabilitation service for paraplegics, has announced that his excellent color film, depicting the work of restoring these patients to health and vigor, is available for loan to any school of nursing in Canada. Equipped with a sound track, this 16-mm. film follows the course of treatment from admission, through the various stages of remedial work to reinstatement in active life in the community. Simple explanations accompany each phase of the picture. There is no charge for the use of this film excepting the return postage or express. For further information or to borrow it, write to: *Dr. Gustave Gingras, Queen Mary Veterans' Hospital, Montreal 26, Que.*

Healing

Love,
And the tuned mind and spirit,
Mercy and sacrifice and sublimation,
And discipline and danger for love's sake;
Wholeness,
And a great music in the resurge of life.
Faith and power,
And being possessed by compassion,
Worship and contemplation,
Listening and silence,
The ministry of hands;
The gift of calm out of turmoil and pain,
Of light out of desperate dark—
All these are one
In the beauty of healing.

—REBA HUDSON

Lyle Creelman *Writes* . . .

Average reading time — 4 min. 24 sec.

ELIZABETH BRACKETT, Maria Palmera Tito de Moreas, and I went to Zermatt over the New Year holiday. Elizabeth, as many of you know, is the nursing adviser for the Rockefeller Foundation in Europe. "Tito," as she is known to us here, and to quite a few Canadian nurses, took her basic course at Western Reserve and her public health at Toronto in 1939. She returned to Lisbon to teach public health in their new school of nursing and helped develop the field practice area for the students. Public health in both theory and practice is definitely a part of their basic nursing education and this school is leading the way in Portugal in this advanced program.

Zermatt is the little Swiss village which nestles at the foot of the Matterhorn. The Swiss accept this famous mountain as a natural part of the landscape but every foreigner, interested in mountaineering, has a passion to climb it—14,782 feet and seemingly almost straight up. The first man to succeed in climbing the Matterhorn (Mt. Cervin is the French name) was Whymper, an Englishman. This success ended in tragedy as four of the party lost their lives coming down. It also had its humorous side. There was an old legend that the mountain was haunted and that there were evil spirits on the top. It seems that there was a race between Whymper and a certain Italian group who were attempting the ascent from the Italian side. When Whymper and his party arrived and looked over the crest they saw the Italians far below. They shouted and threw stones to attract their attention, but the Italians, believing the old legend to be true, retreated. This was in 1865 and since that time many thousands have made the climb in safety.

Only last September, the dignified *London Times* contained an item headed "New Conquest of the Matterhorn: Kitten's Escapade." It seems that a ten-month-old black-and-white kitten, accustomed to watching the dawn departure of climbers, decided to follow in their footsteps. To the surprise of an incredulous climbing party, he reached the top on the third day. A guide, knowing that kittens climb up more easily than they climb down, put him in his rucksack and brought him back to a hotel where, incidentally, his services as a catcher of mice were much needed. As the *Times* concluded, "A season of easy hunting seems a small reward for the first cat to cross the Matterhorn."

The citizens of Zermatt, about 1,300, live in a world to themselves. As the only way one can reach the village is by train or on foot, there are no cars. Many have never been out of their valley but in many respects the world comes to them. In season there are up to 3,500 tourists at one time. In the off-season they

"Tito," Elizabeth, and the Matterhorn

"Mazots" (goat-houses), Zermatt

prepare for their paying guests (and they do pay!), many of them making beautiful hand-carved objects and the famous Swiss music-boxes. One shop which sells these articles was closed and I inquired next door when it would open. My informant stated it was changing hands and that someone was "coming up from Switzerland to take over."

Marjorie Bradford, known to Canadian social workers from coast to coast, was holidaying in Zermatt also and was doing some expert skiing.

* * *

I hope many of you have had an opportunity to read the report of the Expert Committee on Nursing of WHO.(It can be obtained, by the way, from *The Ryerson Press, 299 Queen St. W., Toronto 2B, Ont.*, for 20 cents.) One of the recommendations of the committee was that each Member Government be urged to study (or continue to study) their existing nursing resources. You have been doing such studies in Canada but in many countries there is little, if any, information regarding the numbers of personnel and no basis on which to estimate needs and plan for the future meeting of these needs. Our first step was to prepare a guide so that if our Member countries requested assistance in making such a study, we would be better prepared to help. Margaret Arnstein, Chief of the Nursing Resources Division, USPHS, spent six weeks with us in Geneva and has produced the guide. We hope our Regional Nursing Advisers may be able to try it out this year in some countries and that it will serve as a guide to them in helping the countries to plan for the future development of nursing. We are very encouraged by the recognition of the governments of the contribution of nursing in the development of their health services.

* * *

Between Christmas and the New Year, a meeting of an advisory group was held here which gave us the green light to proceed with a study we have been discussing for over a year. In cooperation with the Rockefeller Foundation and the United Nations Social Affairs Division, we are starting a pilot study of "Workers Required to Meet Family Health and Welfare Needs." What we are really trying to do is to find out the kind of family worker required to meet certain health and welfare needs. Should this worker be polyvalent, as is the "assistante sociale" in France; or should there be two or more workers as is the pattern in England and America; or perhaps she (or he) should be quite a new type. In case you do not know, the "assistante sociale" is a combination nurse and social worker. All those in social work have some basic nursing preparation. However, not all nurses take the social work part of the curriculum.

After we have determined the type of worker, we must then consider the training required. We might well find that no one person can be given all the knowledge necessary to do a completely polyvalent job in these fields. We must, however, keep in mind those countries whose economic condition does not permit them to have many specialists.

The study is to be conducted in France and in England and it is planned on a two-year basis. At the end of that time we expect at least to know a lot more about making studies!

He who, when called upon to speak a disagreeable truth, tells it boldly and has done is both bolder and milder than he who nibbles in a low voice and never ceases nibbling.—JOHANN KASPAR LAVATER

Opportunities for Post-Graduate Study

WITH THE LARGE numbers of bursaries available through the Federal Health Grants, and scholarships provided by alumnae associations, hospitals, and nursing organizations, provincial and local, for nurses desiring to undertake post-graduate study, much interest is focussed on the choice of course and where to take it. The following information is presented as a guide to graduate nurses.

In making her selection, the nurse should take steps to find out something about the university or institution she plans to enter—its standing, the qualifications of the faculty members, achievements of its graduates, etc. She should inquire about admission and graduation requirements of the programs, the general, professional and clinical courses and field experience, the cost involved, and also the kind of social, recreational, and professional life. Much of this information can be secured by reviewing the institution's calendar or bulletin which may be obtained on request. Interviews with the faculty members or former graduates are also helpful.

Loans up to $500 are available from the Canadian Nurses' Association to enable nurses to take post-graduate work. The loans are interest-free for a period of three years. If not repaid in that length of time, interest is charged at the rate of 5 per cent, commencing on the third anniversary of the date the loan was made and continuing until payment is made in full. Any nurse who obtains a loan must agree to serve in Canada for a period of one year. If she ceases to practise her profession at any time while repayment is being made, the balance becomes due immediately.

For complete information regarding loans and the necessary application forms, write to the *General Secretary, Canadian Nurses' Association, Suite 401, 1411 Crescent St., Montreal 25, Que.*

UNIVERSITY COURSES FOR GRADUATE NURSES

(*Write to University for Calendar*)

ADMINISTRATION IN HOSPITALS AND/OR SCHOOLS OF NURSING

Degree Courses: (Bachelor in Nursing, etc.)

	University	*City or Town*	*Province*	*Term*
1.	McGill University	Montreal	Quebec	2 years
2.	Université de Montréal (Inst. Marguerite d'Youville)	Montréal	Québec	2 années
3.	Université Laval	Québec	Québec	2 années
4.	University of Toronto	Toronto	Ontario	3 years

Degree Course, Bachelor of Arts, and Certificate Courses for Graduate Nurses: A favorable arrangement is offered to graduate nurses whereby they may qualify for the degree of Bachelor of Arts, and also for a professional certificate in a special field of nursing, in three years. The student enrols in the Pass Course in Arts, in which course there are certain subjects which belong also in the Certificate courses in nursing. The remaining subjects necessary to complete the work of the Certificate course may be taken, one each year, together with the regular subjects of the Pass Course in Arts.

Certificate Courses:

1.	McGill University	Montreal	Quebec	1 year
2.	Université Laval	Québec	Québec	1 année
3.	University of Manitoba	Winnipeg	Manitoba	1 year

University	*City or Town*	*Province*	*Term*
4. Université de Montréal..... (Inst. Marguerite d'Youville)	Montréal	Québec	1 année

Administration and Supervision in Public Health Nursing

Degree Courses:

1. McGill University.....	Montreal	Quebec	2 years

Certificate Courses:

1. McGill University.....	Montreal	Quebec	1 year
2. University of Toronto.....	Toronto	Ontario	1 year

(Special course for experienced students who have had an introductory course in Public Health Nursing)

Nursing Education and Nursing Administration

Degree Courses:

1. University of Ottawa.....	Ottawa	Ontario	2 years after R.N.

Certificate Courses:

1. University of Toronto..... (a) General. (b) Advanced.	Toronto	Ontario	1 year

Nursing Education and Supervision

Certificate Courses:

1. University of Ottawa.....	Ottawa	Ontario	1 year

Public Health Nursing

Degree Courses:

1. McGill University.....	Montreal	Quebec	2 years after R.N.
2. University of British Columbia.....	Vancouver	British Columbia	2 years after R.N.
3. University of Ottawa.....	Ottawa	Ontario	2 years after R.N.
4. Dalhousie University.....	Halifax	Nova Scotia	2 years
5. Queen's University.....	Kingston	Ontario	2 years

Diploma Courses:

1. University of Alberta.....	Edmonton	Alberta	1 year

Certificate Courses:

1. McGill University.....	Montreal	Quebec	1 year
2. University of British Columbia.....	Vancouver	British Columbia	1 year
3. University of Manitoba.....	Winnipeg	Manitoba	1 year
4. Université de Montréal..... (Ecole des Infirmières Hygiénistes)	Montréal	Québec	1 année
5. University of Ottawa.....	Ottawa	Ontario	1 year
6. University of Toronto.....	Toronto	Ontario	1 year

(a) General. (b) Advanced course.

One of the following must be chosen as the basis for the year's work:

i Administration and supervision in public health nursing.
ii Child hygiene.
iii Tuberculosis.
iv Mental hygiene.

7. University of Western Ontario.....	London	Ontario	1 year
8. Queen's University.....	Kingston	Ontario	1 year

University	*City or Town*	*Province*	*Term*
9. Dalhousie University	Halifax	Nova Scotia	1 year

Teaching and Supervision in Schools of Nursing

Degree Courses: (B.A., B.A.Sc., B.Sc., etc.)

1. McGill University	Montreal	Quebec	2 years after R.N.
2. University of British Columbia	Vancouver	British Columbia	2 years
3. Université Laval	Québec	Québec	2 années
4. Université de Montréal (Inst. Marguerite d'Youville)	Montréal	Québec	2 années
5. University of Ottawa	Ottawa	Ontario	2 years
6. St. Francis Xavier University	Antigonish	Nova Scotia	2 years after R.N.
7. Queen's University	Kingston	Ontario	2 years

Diploma Courses:

1. University of Alberta	Edmonton	Alberta	1 year
2. Université Laval	Québec	Québec	1 année

Certificate Courses:

1. McGill University	Montreal	Quebec	1 year
2. Queen's University	Kingston	Ontario	1 year
3. University of British Columbia	Vancouver	British Columbia	1 year
4. University of Manitoba	Winnipeg	Manitoba	1 year
5. Université Laval	Québec	Québec	1 année
6. Université de Montréal (Inst. Marguerite d'Youville)	Montréal	Québec	1 année
7. University of Ottawa	Ottawa	Ontario	1 year
8. University of Toronto (General and Advanced)	Toronto	Ontario	1 year
9. University of Western Ontario	London	Ontario	1 year

Supervision in Special Fields

Certificate Courses:

1. McGill University	Montreal	Quebec	
Obstetrical Nursing			1 year
Psychiatric Nursing			1 year
Pediatric Nursing			1 year
2. Université de Montréal (Inst. Marguerite d'Youville)	Montréal	Québec	
Obstetrical Nursing			1 year
Surgical Nursing			1 year
Medical Nursing			1 year
Operating Room Technique			1 year

Clinical Supervision

Certificate Courses:

1. Université Laval	Québec	Québec	1 année
2. Université de Montréal (Inst. Marguerite d'Youville)	Montréal	Québec	1 année
3. University of Toronto	Toronto	Ontario	1 year

One of the following must be chosen as the basis for the year's work:

Medical Department	Operating Room
Surgical Department	Pediatric
Obstetrical Department	Psychiatric or other clinical service

CLINICAL COURSES FOR GRADUATE NURSES

(Write to Hospital or Institution for information)

	OBSTETRICAL NURSING	
Alberta	University of Alberta, Edmonton	4 months
	(Advanced course in Practical Obstetrics)	
British Columbia	St. Joseph's Hospital, Victoria	4 months
	St. Paul's Hospital, Vancouver	6 months
	General Hospital, Vancouver	4 months
Manitoba	St. Boniface Hospital, St. Boniface	—
	General Hospital, Winnipeg	6 months
	Misericordia Hospital, Winnipeg	—
Nova Scotia	Halifax Infirmary, Halifax	5 months
Ontario	General Hospital, Hamilton	14 weeks
	St. Michael's Hospital, Toronto	4 months
Quebec	Women's Pavilion, Royal Victoria Hospital, Montreal	4 months
	Hôpital St. Sacrement, Québec	4 mois
	GYNECOLOGICAL NURSING	
Quebec	Women's Pavilion, Royal Victoria Hospital, Montreal	2 months
	Hôpital St. Sacrement, Québec	4 mois
	PSYCHIATRIC NURSING	
Alberta	Provincial Mental Hospital, Ponoka	8 months
British Columbia	Provincial Mental Hospital, Essondale	6 months
Manitoba	Hospital for Mental Diseases, Brandon	6 months
Ontario	Ontario Hospital, London	3 months
	University of Western Ontario, London	3 months
Quebec	Hôpital St. Michel Archange, Québec	8 mois
	Protestant Hospital, Verdun	6 months
	PEDIATRIC NURSING	
British Columbia	St. Paul's Hospital, Vancouver	6 months
Quebec	Children's Memorial Hospital, Montreal	6 months
	Hôpital Ste. Justine, Montréal	6 mois
	OPERATING ROOM TECHNIQUE AND MANAGEMENT AND/OR SURGICAL NURSING	
British Columbia	St. Paul's Hospital, Vancouver	4 months
	St. Joseph's Hospital, Victoria	4 months
	General Hospital, Vancouver	4 months
	Royal Jubilee Hospital, Victoria	4 months
Manitoba	St. Boniface Hospital, St. Boniface	—
	Misericordia Hospital, Winnipeg	—
Nova Scotia	Halifax Infirmary, Halifax	5 months
Ontario	St. Michael's Hospital, Toronto	4 months
	(includes E.E.N.T.)	
	General Hospital, Toronto	16 weeks
Quebec	General Hospital, Montreal	3 months
	(Offers added experience for O.R. nurses)	
	Hôtel-Dieu, Québec	8 mois
	Royal Victoria Hospital, Montreal	3 months
	(Experience in O.R. Technique and Management)	
	TUBERCULOSIS	
British Columbia	Vancouver Unit, Division of Tuberculosis Control	7 weeks

Nova Scotia	Nova Scotia Sanatorium, Kentville	3 months
Ontario	Toronto Hospital for Tuberculosis, Weston	3 months
	Mountain Sanatorium, Hamilton	2 months
Quebec	Royal Edward Laurentian Hospital, Ste. Agathe des Monts (Combined course—Laurentian Div., Ste. Agathe and Montreal Div., 3674 St. Urbain St., Montreal 18.)	2 months

Communicable Diseases

Manitoba	Municipal Hospitals, Winnipeg	3 months
Quebec	Alexandra Hospital, Montreal	2 months
	Hôpital Pasteur, Montréal	2 mois

Neurological and Neurosurgical Nursing

Quebec	Neurological Institute,	4–6 months
	McGill University, 3801 University St., Montreal 2	or longer

Eye, Ear, Nose and Throat Diseases

Ontario	St. Michael's Hospital, Toronto (included with O.R. Technique)	4 months

Medical Records Librarian

Ontario	St. Michael's Hospital, Toronto	1 year
	Hotel-Dieu, Kingston	1 year

Laboratory Technique

(Write to Canadian Society of Laboratory Technologists, 249 Barton St., Hamilton, Ont.)

In the Good Old Days

(*The Canadian Nurse, April 1911*)

"The State Registration for Nurses is so just a measure in itself, and fraught with such obvious advantages to the public, that it should only be a matter of time before it is established everywhere. A more fair-minded and distinctly unselfish measure never came under the heading of class legislation, if, indeed, anything so public-spirited deserves to come under that heading at all.

"Registration is undoubtedly here to stay, its advantages are so manifold. Co-operation with the medical profession will be a large factor in its ultimate success. With the two professions working together for the 'protection of the public,' the united force can accomplish great and lasting good."

* * *

"There are some untrained women doing nursing who fill a public need that we as nurses have failed to fill. To many families our fee is prohibitive. I do not insinuate for one moment that our fee is not a fair and just one, but nevertheless to a large section of our population it is prohibitive . . . At present all that is really necessary to pose as a graduate nurse is to wear a more or less coquettish uniform, learn a few catch phrases, have the requisite amount of nerve, and start out into practice. I hold that this condition of affairs is a crying injustice to a class of women who no doubt are far from perfect, but who, nevertheless, have spent three years at least under a discipline of work, physical and mental, in order to fit themselves for their profession. Registration will at least accomplish this: it will no longer be possible for a woman to represent herself as a trained nurse who is not one."

* * *

In 1911, the railways really went in for special convention rates! If less than 50 attended, the return fare was two-thirds of the lowest regular one-way first-class fare. Over 50, it was one-third. "If the secretary certifies that *300 or more* are in attendance, holding properly receipted certificates of the standard form or round-trip ticket (sold at one-way first-class fare or more), they will be returned to their original starting point FREE." The "good old days" indeed!

Nursing Profiles

Gwendoline Buttery has been appointed associate executive secretary of the International Council of Nurses. A graduate of Greys Hospital, Pietermaritzburg, Miss Buttery has a distinguished record of service in South Africa, and many years of experience in public health nursing, with tuberculosis as her particular field of work. It is expected that she will assume her new duties this month.

Miss Buttery has served on the Board of Directors of the South African Nursing Association and has twice represented that body at I.C.N. congresses. As a member of the South African Nursing Council, she has been one of the two nurse representatives on the South African Medical Council.

In 1949, she was selected to present a paper on tuberculosis nursing at the I.C.N. Conference. She is a member of the I.C.N. Nursing Service Committee.

Mary Jane Stephenson is now the director of nursing service and principal of the school of nursing of the General Hospital in Saint John, N.B. Born in Maugerville, N.B., of United Empire Loyalist stock, Miss Stephenson graduated from S.J.G.H. in 1929. She served as surgical supervisor there for a year before taking post-graduate work in obstetrics at the Royal Victoria Montreal Maternity Hospital. For 15 years she was clinical supervisor in the obstetrical department of S.J.G.H., during which time she secured her certificate in administration in schools of nursing from the McGill School for Graduate Nurses.

Miss Stephenson has served a term as president of the Saint John Chapter of the N.B.A.R.N. She was active on the Board of Examiners of the provincial association for six years, during three of which she served as chairman. For relaxation, Miss Stephenson turns to piano or choral music and reading. Gardening provides her with an outdoor hobby.

M. Jane Stephenson

Ella Margaret Roulston has undertaken an interesting piece of work as matron of the gleaming, new Indian Hospital at Moose Factory, Ont. Born and educated in Toronto, Miss Roulston had seven years' experience in secretarial work with the Baptist Home and Foreign Missions Office before she entered the Scott Memorial Hospital, Seaforth, Ont., for her nurse's training. For 13 years following her graduation she was assistant superintendent there. In 1944 she became a supervisor at the Royal Edward Laurentian Hospital at Ste. Agathe des Monts. Two years later she joined the staff of the D.V.A. hospital at St. Hyacinthe, Que.

Miss Roulston is keenly interested in the history of the north country and its people. In fact, meeting people, making new friends, is one of her chief joys. She is fond of travel,

Ella Roulston

long trips or short. Her ambition is some day to be a tour conductor to some foreign land! She is an ardent collector of classical recordings, too.

Jean Collins Brown is now the registrar-treasurer of the Central Registry of Graduate Nurses in Toronto. Born in Dublin, Ireland, Miss Brown came to Canada as a child. She graduated from the Wellesley Hospital, Toronto, in 1932. After an active life in private nursing, she joined the Central Registry in 1943. She has had a wealth of experience as assistant registrar-treasurer in this busy registry for six years prior to her appointment to the senior position. Miss Brown busies herself in her off-duty hours with knitting and gardening, reading and music.

JANET ROBERTSON

Janet Robertson is supervisor of the newly opened Princess Elizabeth Hospital in Winnipeg. Graduating from Hope Hospital in Salford, Lancashire, Eng., in 1937, Miss Robertson took additional training in midwifery and contagious diseases. Her work took her to various hospitals in Middlesex and London. Prior to coming to Canada in 1948 she was a supervisor at the Rankin Hospital, Greenock, Scotland, for over three years. She worked in Winnipeg as a case-room nurse until recently.

In Memoriam

Margaret E. Brown, who graduated with the first class in 1910 from Holy Cross Hospital, Calgary, died in Calgary on January 16, 1951. Miss Brown was in charge of the school nursing staff in Calgary for 30 years. For 10 years prior to her retirement in 1946 she was associated with the nursing staff of the city health department.

* * *

Marjory Brown, who graduated from St. Joseph's Hospital, Hamilton, in 1950, died suddenly in Walkerton, Ont., on December 13, 1950, in her 36th year.

* * *

Marjorie Josephine McGregor, a graduate of the old Nicholls Hospital, Peterborough, died suddenly on February 7, 1951, in Bowmanville, Ont. After working in western Canada for a number of years, Miss McGregor joined the Central Registry of Graduate Nurses in Toronto. She had been working until a few days of her death.

Julia Ann Murphy, who graduated from the Saint John General Hospital, N.B., in 1903, died in Calgary in January, 1951, at the age of 79. For 30 years Miss Murphy was in charge of the operating room at the Calgary General Hospital. She retired in 1940.

* * *

Maud (Squarebriggs) Schultz, who was a member of the first graduating class of the Vancouver General Hospital in 1902, died in Vancouver on January 20, 1951. Mrs. Schultz was active in public health nursing in Vancouver for 21 years.

* * *

Sister Mary Helen, of the Sisters of Charity of the Immaculate Conception, died in Moncton on January 2, 1951, at the age of 53, following an illness of six months. A graduate of St. Joseph's Hospital, Saint John, Sister M. Helen had served in hospitals in western Canada prior to her appointment to Moncton 14 years ago.

Mattie J. (Stewart) Stewart, R.R.C., who graduated from the Kingston General Hospital in 1915, died suddenly at Princeton, B.C., on January 4, 1951. During World War I, Mrs. Stewart went overseas with No. 5 Stationary Unit. She served in Egypt, France, and England. During demobilization she was assistant matron of Bramshott Hospital in England. Returned to Canada she was in charge of the operating room in hospitals in New Westminster and Anyox, B.C., prior to her marriage in 1929.

* * *

Emily Mary (MacLean) Ward, who graduated from the Lady Stanley Institute, Ottawa, died at Port Hope, Ont., on January 18, 1951.

* * *

Katherine M. Westman, who graduated from the Toronto General Hospital in 1914, died in London, Ont., on February 2, 1951, following an illness that lasted for three years. She was 75.

* * *

Myra (Peel) Zwicker, a Nova Scotian who received her training in the United States, died at Amherst, N.S., on December 21, 1950, following a lengthy illness. During World War I, Mrs. Zwicker was superintendent of Highland View Hospital.

War Memorial Committee Meets Some Needs

LETTERS HAVE been pouring in from many parts of the world exulting over the arrival of the sets of Kampmeier-Larivière Anatomy Charts. Those of you who viewed the chart exhibit, prepared by the Denoyer-Geppert Company, at the C.N.A. convention in Vancouver last June, will be able to understand the very sincere appreciation with which the following letters have been written. If it were only possible to share them all with you!

From the National University Hospital in Formosa, Stella T. Y. Chen, director of the School of Nursing, wrote:

> We hung them all on a classroom wall and invited the director of the hospital and other doctors to see them. No one had ever seen such beautiful charts before, and all were very much impressed with the fact that student nurses are going to be taught with better teaching aids than the medical students!
>
> The charts are very much in use . . . I wish I had the ability to express to you the immeasurable benefit you have given us . . . I can assure you that they will be handled with great care by all of us.
>
> Please convey to the members of the Canadian Nurses' Association our cordial appreciation of the contribution which they have made to the teaching efficacy of this school.

The Norwegian Nurses' Association felt that a larger number of nursing students would benefit if the sets were divided with only five charts going to each school instead of the complete set of ten. Letters of gratitude have come from all of these schools—they have been so appreciative. In acknowledging the receipt of the large package, Elisabeth Ordrop, president of the Norsk Sykepleierskeforbund, wrote:

> We are not able to express our great surprise and thankfulness for this very, very precious gift. We find the charts very instructional and very beautiful indeed. In Norway, we have not been able to get Anatomical Wall Charts since the war. As you will understand your gift met a very strongly felt need in the schools of nursing.
>
> Please, let the Canadian nurses know our gratefulness. We feel your warm thoughts and kind consideration through these gifts which are of such a great educational value to us. We are happy to know that we have such fine and good friends in Canada. You are not so far away. In fact, the spirit of friendship will linger in our schools where the gift of the Canadian nurses will have its place.

Institutional Nursing

The Clinical Field— An Educational Profit or Loss?

A. Dorothy Potts

Average reading time — 5 min. 24 sec.

This article concerns the average Canadian school of nursing: the school controlled by the hospital of one to two hundred beds; the "private" hospital without benefit of resident medical staff; hospitals, both large and small, confronted with an ever-increasing patient enrolment, an ever-diminishing graduate nurse staff; hospitals striving to maintain a high standard of patient care and, at the same time, to provide education for student nurses. The kind of patient care rendered depends on the quality of nursing care available which in turn is dependent on the standard of education maintained in the hospital.

There is no doubt that the clinical field provides the best opportunities for education. It is here at the patient's bedside that the student learns the art of nursing. However, without competent educational direction the opportunities provided might well go to waste. To whom do we look for this direction? The head nurse.

Let us consider the functions of the average head nurse. Whatever she is or should be she must be versatile. She plays her traditional, many-sided role of receptionist, teacher, clerk, interpreter and supervisor of doctor's orders, personnel director, stores manager, gadgeteer, to mention but a few.

Add to this a brand new role—that of junior medical practitioner. Whether or not the head nurse should assume this responsibility is highly debatable. The fact remains she has had to do so. The practice probably started as an emergency measure during the war and continues due, perhaps, to the private practitioner's reluctance to resume these duties.

What does this new responsibility demand? Skill and knowledge far beyond that obtained in her three years of training. Ability to dress surgical wounds, remove packing, sutures, and drains; to administer fluids and medications parenterally; to collect specimens of blood and gastric contents for analyses, and many more such tasks. Not only does all this require skill but *time* which was always at a premium. In such circumstances can the head nurse be expected to give competent educational direction to students?

Let us now consider the field in which she works—the ward or floor. With special reference to our ever-increasing patient enrolment, what do we find? Hospitals of 200-bed capacity admitting 21 to 28 patients daily. There is almost a complete turnover of patients weekly. What does this mean from the head nurse's point of view? More administrative duties; more acutely ill patients to be cared for; more work! As we see the modern head nurse in action we realize that, if the clinical field is to yield the best in educational value, not to mention the best in patient care, we must relinquish our dream of the head nurse being the main source of student teaching.

Miss Potts is director of nursing at the General Hospital, Belleville, Ont., and publications convener for the Institutional Nursing Committee, C.N.A.

It is true that, as one qualified to competently manage her ward, she does set an example for the students—an example not to be underestimated in educational value. In her associations with patients, visitors, doctors, and hospital staff she sets the standard for professional behavior. This is as important as the science and skills of nursing but these must be taught also.

There is a decided need for someone to share the load—someone who is free of administrative annoyances, the exigencies of the service, the pressure of time. The person best prepared for this position is the clinical instructor or supervisor. She does not work independently but in coordination with the head nurse to plan the educational program; to evaluate student progress; to plan and provide for patient care. She is not a trouble-finder but a trouble-averter. She is the liaison officer between ward and classroom. She is aware of what is being taught and helps the student to transfer her learning to the ward situation. It is to her the student turns when in doubt. Trial and error are eliminated as are frustration and unhappiness for the student.

What is the source of supply of clinical instructors? First, the school of nursing. We can engender interest in this type of work by appointing senior students as assistant head nurses. It helps to stimulate interest in institutional nursing, provides them with a background for future study, and relieves them of the boredom of repetitive "training tactics." As a young graduate awaiting registration, she may be appointed as part-time assistant to a clinical instructor to teach a few clinics, supervise demonstrations, and take part in the staff education program. Now she is ready for advanced training and the university takes over.

The success of our campaign to interest graduates in post-graduate education depends on how we, as directors or teachers, interpret and present education to the nurse-in-training. If the education they receive during their three years is organized and dispensed to their personal satisfaction and growth they will be encouraged to continue to study after graduation. The area of clinical instruction has a strong appeal for many nurses because it is essentially bedside nursing.

Assuming we can produce an adequate supply the next step is to sell the product. Many hospital boards, as well as some doctors and even nurses, are skeptical of the need for "educated" nurses. It is our job to dispel this skepticism. It can be done. Simply list the figures and facts and advertise them to all concerned. We have found these suggestions helpful:

1. Study the annual reports over the past ten years. Your findings will present a vivid picture of the increase in patient enrolment and the classification of patients treated.

2. List the medical duties now being performed by the head nurse and show, by time studies, how much time she is devoting to this work.

3. Study the recommended curricula for schools of nursing "then" and "now." Note carefully the increase in the hours of instruction and subject matter required, the transfer of teaching from classroom to clinical field.

4. Be conversant with the many articles written today by both lay and professional people on the "nursing situation" and the remedies they suggest. Not the least of these is "higher teaching standards with more instructors."

In conclusion, the clinical field within the hospital provides the best opportunities for student learning. The extent to which these opportunities are recognized and developed rests with the staff provided within the area. It would seem that the head nurse in the average hospital today cannot be expected to competently attend to her multifarious duties and also to conduct the educational program. Clinical instructors are being prepared to carry the greater part of the load. We can assist with their preparation within the school. We can be instrumental in emphasizing the need for them in the hospital. We can pave the way for higher standards of education.

Public Health Nursing

Something to Sell

Average reading time — 3 min. 12 sec.

WE WISH to interest all public health nurses in Canada in the report of the Study Committee on Public Health Practice in Canada. Each public health nurse will wish to see what the report states in its findings because it writes about her. Every person wishes to be in on "the know."

Do You Know That . . . ?

1. The report is an appraisal of the work actually being done by physicians and nurses in official health agencies.

2. The field work was done by Dr. J. H. Baillie, previously executive secretary, Canadian Public Health Association, and Miss Lyle Creelman, one of our own nurses now serving with the World Health Organization.

3. The report should influence the future of public health practice in Canada.

4. It is the right of every individual to share in formulating changes which influence her way of life. Nurses will wish to share in deliberations that may lead to modifications in nursing education and nursing service in the community.

5. The Public Health Nursing Committee wishes to have every nurse study the report.

6. It is healthy to disagree as well as to agree.

7. It is healthy to take action.

8. Action should result from objective study.

In taking action, the committee suggests that every nurse read the report first, individually and with purpose. Then, that nurses form discussion groups within the organized profession or at the agency level. If working alone, find someone nearby with whom you may join forces. Make a plan including:

(a) Definition of the purpose of your study.

(b) Organization of your study group.

(c) Provision for active participation of each member.

(d) Evaluation—analysis of progress and achievements.

Study Guide

Title of Section and Pages

The recommendations concerning preparation were referred to the Educational Policy Committee of the Canadian Nurses' Association. Study groups should consider ways of implementing recommendations four and five in this section.

Important Highlights

The Study Committee was of the opinion that a prerequisite to the study of both preparation and function of nurses is an assessment of the work nurses now perform. This can

be done through an *activity analysis.* (see p.51)

Two further studies are recommended: (a) The functions and relationships of public health nurses, hospital nurses, and medical social workers in the hospital; (b) research into the provision of a completely generalized public health nursing program, including bedside care.

ANTICIPATED OUTCOMES

That each study group will consider the recommendations contained in the report.

That action will be taken concerning the recommendations that appear to be the responsibility of the nursing profession.

That agencies will give consideration to the recommendations that appear to be a matter of agency responsibility.

That each nurse, in becoming well informed, will accept responsibility for interpreting nursing in her community.

Committee on Public Health Nursing
Canadian Nurses' Association

Hôtel-Dieu's 50th Anniversary

Tradition is strong at the Hôtel-Dieu, Montreal. Founded in 1642 by Jeanne Mance, the seventeenth of May is honored each year as the anniversary of her arrival on the Island of Montreal. This year's celebration will have special significance for it marks the Golden Anniversary of the opening of the school of nursing in this hospital. Since 1901 there have been many hundreds of graduates, both lay and religious. It is anticipated that there will be a large number who will return to participate in the joyful celebrations.

Such an anniversary evokes sweet memories. This occasion tempts us to review some of the earlier history of this illustrious hospital. With deep admiration for the work that was accomplished in the face of overwhelming difficulties, let us look back to the first days of the hospital of "Ville-Marie."

Jeanne Mance was initiated into the care of the sick in France at a time when war and pestilence was ravaging her country. She heard of the work that was being done by the nursing sisterhoods in Quebec and was fired with zeal to journey to the new country herself. She reached Quebec in 1641 and spent the winter there. Though not a religious, she was welcomed by the Sisters of the Hôtel-Dieu of Quebec and under their guidance learned more about nursing the sick and operating a hospital.

When Jeanne Mance reached the missionary outpost of Ville-Marie on May 17, 1642, the tiny community had a white population of only 65. Her first hospital was in a little cottage that would accommodate only two or three patients. Three years later a larger hospital was built inside the protection of the fort. In 1659, three nursing sisters of St. Joseph de La Flèche arrived to take over the nursing duties. Despite the trials and tribulations that beset them, this sisterhood remained faithful to their duties and are still in charge of the hospital. Jeanne Mance died in 1673, loved by all who knew her and highly respected both for her hospital work and for the able help she had given in founding what is now the city of Montreal.

Through the years that have followed, the hospital has grown in size and usefulness. Unfortunate fires have undone all the careful industry of the Sisters on several occasions. Always they have returned to their tasks with their ardor undimmed and their courage strong. Before modern science had shed any light on medical care, these nurses brought loving assistance to the sick. Mother Mary de la Ferre used to remind her daughters of their duty to serve the helpless with modesty, meekness, and joy.

When Florence Nightingale introduced her plan of education in nursing science and techniques, Hôtel-Dieu began to provide lectures for the sisters. The doctors still are the voluntary teachers of the nurses. Mgr. Bruchési encouraged this new pattern of learning saying, "Study is necessary for the formation of a competent nurse. Charity alone cannot make a good nurse." By 1896 twelve nuns had received their diplomas. Five years later, the school was opened to

(*continued on page 284*)

Aux Infirmières Canadiennes-Françaises

Brûlure au Troisième Degré

Chez un Enfant du Premier Age

MARTHE LALANDE

Le 20 octobre 1950, nous arrivait dans le service de pédiatrie un beau bambin de 18 mois, qu'un fatal accident réduisait en lambeaux. En dépit, sans doute, de la vigilance maternelle, à l'instant où l'attention de sa maman se détourna de lui survint le moment psychologique et tragique.

Dans la cuisine, bébé circule et s'amuse, mais, hélas! d'un geste maladroit et plus encore inconscient, Claude (c'est son nom) met la main à la corde d'un percolateur bouillant. Ce qui devait arriver arriva: le café se répand sur sa petite personne.

L'enfant arrive à l'hôpital, le médecin demandé d'urgence, prescrit les soins immédiats. La peau brûlée, au troisième degré, se laisse déchirer sans résistance; on applique du violet de gentiane sur l'étendue des brûlures — c'est-à-dire sur la presque totalité de ce petit corps. Pénicilline, streptomycin, calmant sont administrés aussitôt. Par la suite, bébé repose un peu.

Une cytologie révèle un taux d'hémoglobine à 70 pour cent; quant aux globules rouges, ils sont d'un nombre normal: 4,560,000 et les globules blancs, 10,000. A noter, qu'il est presqu'impossible de faire un prélèvement sanguin. La première analyse des urines n'apporte aucune particularité.

Quelques jours s'écoulent ainsi sous la surveillance et les soins diligents du personnel; puis bébé ne digère plus rien. L'eau bicarbonatée seulement est tolérée. La situation s'aggrave, la température s'élève jusqu'à 104°F.; les mictions se font rares et à la palpation la vessie présente une masse durcie.

Dix jours se succèdent pendant lesquels l'enfant est, pour ainsi dire, entre la vie et la mort quand ce que l'on redoute arrive: le petit fait une néphrite hémorragique, complication si fréquente chez les grands brûlés. Le taux du sang dans les urines est très élevé. Si, à cette époque, il eut été possible de faire un prélèvement sanguin, une seconde cytologie eut, sans doute, fourni des renseignements intéressants mais l'état de l'enfant ne permet pas de ponction veineuse. On continue la pénicilline et la streptomycin puis à la diète on ajoute un blanc d'oeuf aux 4 heures. A partir de cette date, l'enfant reçoit du B-Complex. Plusieurs jours passent sans changement apparent; bébé Claude refuse le lait, tolère cependant le jus d'orange en quantité; son état est lamentable.

Le médecin, qui visite l'enfant régulièrement, prescrit du plasma. Celui-ci est alors conduit à la chirurgie pour dissection d'une veine. Après une heure de travail on se déclare vaincu. Impossible d'appliquer le plasma — les veines n'ont pas la résistance voulue. Alors faiblesse générale s'ensuit; l'enfant reçoit toutefois des acides aminés, au moyen de l'appareil de Murphy, 500 cc. tous les jours. Le traitement local varie: une lumière directe est maintenant suspendue à son lit tout le jour; le soir, pansement fermé à l'Alphamel.

L'enfant semble revenir un peu; ses yeux moins vagues se fixent sur nous; petit Claude, enfin, désire vivre;

Mlle Lalande est étudiante-infirmière de deuxième année à l'Hôpital Saint-Joseph, Lachine, Qué.

ses yeux réclament sa petite vie. Maintenant il s'alimente mieux: bouillons, jus de fruits, oeufs battus. Grande amélioration sur tous les points: la fièvre diminue, les plaies se cicatrisent, surtout à la figure et aux membres supérieurs; le thorax est encore bien abîmé mais, grâce aux acides aminés et au B-Complex qui ont beaucoup aidé, on croit pouvoir éviter une greffe, région thoracique antérieure.

Plusieurs semaines sous ces traitements et l'enfant mange comme les autres, se soutient sur les jambes, et jase comme on peut le faire à son âge. Lui seul, pourrait avouer quel tourment il a subi, depuis plus de deux mois! . . . Heureuse insouciance du jeune âge! . . bobo guéri . . . bobo oublié!

Ce n'est pas encore la guérison complète mais tout laisse présager qu'elle viendra et qu'avec le temps, grâce aux soins attentifs qu'il a reçus et reçoit encore, Claude retournera à l'affection de son papa et de sa maman, ravis de le retrouver.

In Our Mail

Dear *Editor:*

Many thanks for the very fine magazine . . . All nurses should be very proud of it and all should certainly subscribe to it.—E. N. B., Man.

Dear *Editor:*

Thank you for your reminder that my subscription to *The Canadian Nurse* has expired. I regret that I shall have to be satisfied to be a reader and not a subscriber. I have been ill since February last year . . . I hope that all the other subscribers get on the right track without delay.—A. R., Que.

Dear *Editor:*

Our magazine is getting better and better. I really read every word and my husband also enjoys many articles. The December issue was really tops as far as the subject matter was concerned. Nursing care of obstetrical patients has changed and we must see that the health of the patient comes first.—E. I. C., Ont.

Dear *Editor:*

Because of my interest in maternity service I found the whole December issue of particular value. I think we should be very proud of every issue. You crowd so much useful material into them.—H. L., Ont.

Dear *Editor:*

In the February *Canadian Nurse* appears an article entitled "To Commemorate an Untold Story." How interesting! I visited Westminster Abbey in August. However, I sailed home three weeks prior to the Commemoration Ceremony. I am anxious to contribute to this worthy cause. Do I send a cheque or money order direct and, if so, in pounds, shillings and pence, or dollars and cents? Would appreciate an immediate reply, if possible, to this inquiry. In closing may I add my enthusiastic approval of an outstanding magazine, *The Canadian Nurse*, which I could not do without.—W. G., Ont.

(*Editor's Note:* It would be simplest to buy a money order in sterling.)

(*Continued from Page 282*)

lay nurses. The school was affiliated with the University of Montreal in 1925.

Many brilliant women have been graduated in the years that have followed. They have gone into all branches of nursing work—public health, teaching, social work, and military service. Several noted authors are among the graduates, including Sister Allard who wrote "Le Cours Technique," Sister Mondoux, "La Diététique et des Notions Elémentaires de Thérapeutique," and Sister Bernier, "L'Histoire de Trois Siècles de Charité."

Nursing is the highest career a woman may enter. The world-wide nursing group contains the greatest number of women ever to be associated in one profession. Hôtel-Dieu is proud to be a part of this vast throng. This anniversary will provide an opportunity to recognize the achievements of this school.

Trends in Nursing

Committee Activities

Public Health Nursing Committee reports that: The members have reviewed the Canadian Nurses' Association Committee Manual; the committee is attempting to stimulate interest in a study of the report of the Study Committee on Public Health Practice in Canada, is preparing a study guide for provincial chairmen, and planning a series of articles related to the report which will be published in *The Canadian Nurse;* the provincial secretaries have been circularized to secure information concerning activities at the provincial and local levels; an Industrial Nurses' Association of Ontario was formed in June, 1949, and this group has contacted management in the various industries, expressing the desire of industrial nurses to be excluded from labor unions, is compiling a pamphlet on proposed personnel policies for industrial nurses, and held a one-day institute on personnel policies in Windsor.

Demonstration School Administration Committee reports that: The second class graduated on October 12, 1950, at the end of 25 months; 19 remained in Ontario, five in the Metropolitan Hospital, the others going to British Columbia, Saskatchewan, Manitoba, and Prince Edward Island—they are engaged as follows: general nursing 15, psychiatry 3, tuberculosis 1, V.O.N. 2, university 1; 35 students were admitted September, 1950, of whom one has withdrawn for health reasons; 10 of the group have minimum educational qualifications, six are university graduates, and the remainder fall between these two extremes; the students come from six provinces and one state in the U.S.A.; difficulty in securing medical lecturers resulted in the following motion: "That the School be authorized to begin a plan of reducing doctors' lectures by adding to and enriching the teaching of nursing." The committee approves a 24-month course; no final decision has been reached with the Hospital Board regarding developments for the School at the conclusion of the association's demonstration period.

Student Nurse Activities Committee held one meeting in November, the purpose being to clarify objectives and to plan for future activities. Some of the recommendations were that: (1) The committee be given power to design and circulate a questionnaire in order to obtain information concerning the existence of student organizations in each school of nursing in Canada; (2) provincial nurses' associations be encouraged to include student nurses in provincial activities and to appoint provincial committees on student nurse activities where they do not already exist; (3) the Student Nurses' Association of British Columbia, in cooperation with the Manitoba Student Nurses' Association, be asked to prepare a guide for the organization of a student nurses' association and that authority be sought to publish this material in *The Canadian Nurse.*

Exchange of Nurses Committee reports that, while 117 nurses had had assistance from the National Office in planning for work abroad, there were only five whose primary motive was to improve their professional preparedness. The report further accentuated the need to better inform Canadian nurses on the functions of the Exchange of Nurses Committee. Information on the educational advantages of reciprocal exchange will shortly be made available. An additional member has been added to the committee—Mrs. John F. Campbell of McMaster University, Hamilton.

Canadian Florence Nightingale Foundation Committee reports the appointment of a new director—Miss Ellen Broe, Denmark; the need for additional financial assistance and

recommended payment by the Canadian Nurses' Association of a token grant to the Foundation. (The Executive acceded to this request and voted a grant of $2,500 for the year 1951.) The committee made the suggestion that the Foundation be asked to inform the C.N.A. on the following:

1. The projected program of the F.N.I.F.
2. The estimated costs of such a program.
3. The amounts allocated to national associations.

Report of editor and business manager, The Canadian Nurse: The editor and business manager reports that: Less than one-quarter of all the registered nurses in Canada are subscribers to *The Canadian Nurse;* advertising has fallen off and the *Journal* is having financial problems. This *Journal* is the official publication of the C.N.A. Its success or failure is the responsibility of the nurses of Canada. What do Canadian nurses intend to do about this situation?

Through the Looking Glass

We learn that students taking the two-year course at Toronto Western will spend part of their interne year in Red Cross outpost hospitals; that the new civic administration in Windsor has been reminded that the continuance of the School of Nursing is worthy of consideration.

We see an exhortation to nurses in the art of looking pleasant (presumably from a former patient); we note an exposition of modern nursing methods at the Vancouver General; that six students from McKellar General, Fort William, have just completed a six-month course in psychiatry at Brockville; and that 16 graduate nurses from all parts of Canada are taking a three-month psychiatric course at Westminster Hospital, London, Ont.

Orientation et Tendances en Nursing

LES ACTIVITÉS DES COMITÉS

Le *Comité du Nursing en Hygiène Publique* rapporte que ses membres ont lu le Manuel des comités de l'Association des Infirmières du Canada. Le comité, pour stimuler l'intérêt de ses membres a étudier le rapport (présenté par Dr. J. H. Baillie et Mlle L. Creelman) sur l'hygiène publique au Canada, est à préparer un guide pour en faciliter l'étude aux convocateurs provinciaux et prépare une série d'articles concernant le rapport, lesquels seront publiés dans le *Canadian Nurse.* L'on s'est adressé aux secrétaires provinciaux pour obtenir des informations sur les activités dans les provinces. Une association des infirmières industrielles a été fondée en Ontario en juin, 1949, et ce groupe s'est mis en rapport avec les directeurs des diverses industries, exprimant leur opinion et désir de ne pas faire partie des syndicats ouvriers. Cette association est à préparer un feuillet sur la politique adoptée par les infirmières industrielles. Une journée d'étude sur ce sujet a été tenue à Windsor.

Le *Comité Administratif de l'Ecole de Démonstration (Windsor)* rapporte que la deuxième classe a gradué le 12 octobre, 1950, après 25 mois de cours; 19 diplomées sont demeurées en Ontario et cinq à l'Hôpital Metropolitan. Les autres se sont dirigées en Colombie-Britannique, la Saskatchewan, le Manitoba, et l'Ile Prince-Edouard où elles sont employées comme suit: Service général 15, psychiatrie 3, tuberculose 1, V.O.N. 2, université 1. Trente-cinq étudiantes furent admises en septembre, 1950; une s'est retirée pour cause de santé, 10 ont le minimum d'instruction requise, 6 sont des diplômées d'université, et le degré d'instruction des autres varie entre ces deux extrémités. Les étudiantes viennent de 6 provinces et d'un état des Etats-Unis. La difficulté d'obtenir des médecins comme professeur a eu pour effet la proposition suivante:

"Que l'école, soit autorisée à préparer un plan pour diminuer les cours des médecins et pour arriver à cette fin, ajouter et enrichir l'enseignement du nursing."

Le comité a approuvé le cours de 24 mois. Aucune décision finale n'a été prise avec le bureau de direction de l'hôpital concernant le développement de l'école lorsque la période de démonstration entreprise par l'A.I.C. sera terminée.

Le *Comité des Activités des Etudiantes* a tenu une assemblée en novembre, le but étant de préciser les objectifs et de préparer les activités futures. Parmi les recommandations notons: (1) Le comité a l'autorité d'envoyer un questionnaire afin d'obtenir des renseignements concernant l'existence d'association d'étudiantes dans chaque école d'infirmières du Canada. (2) Les associations provinciaux sont encouragées à inclure le groupe des étudiantes infirmières dans les activités provinciaux et de nommer un comité provincial là où il n'en existe pas. (3) L'on a demandé à l'Association des Etudiantes de la Colombie-Britannique, de concert avec l'Association des Etudiantes du Manitoba, de préparer un guide pour l'organisation d'association d'étudiantes et que les autorités concernées soient approchées pour que ce guide soit publié dans le *Canadian Nurse*.

Le *Comité d'Echange entre Infirmières* rapporte que des 117 infirmières, aidées par le Secrétariat National à s'organiser pour travailler outre-mer, il n'y en a eu que cinq dont le but primordial était de se perfectionner professionellement. Le rapport en plus souligne la nécessité de renseigner davantage les infirmières canadiennes sur les fonctions du Comité d'Echange. Des informations sur les avantages éducationels d'un échange d'infirmières seront prochainement mises à la disposition des membres. Un nouveau membre fera partie du comité — Mme John F. Campbell de l'Université McMaster, Hamilton.

Le *Comité Fondation Florence Nightingale* rapporte la nomination d'une nouvelle directrice — Mlle Ellen Broe, Danemark; la nécessité d'obtenir une aide pécuniaire et la recommandation que l'A.I.C. verse un octroi à la Fondation (le Comité Exécutif a accepté cette recommandation et a voté une somme de $2,500 pour l'année 1951). Le comité a suggéré que la Fondation renseigne l'A.I.C. sur les points suivants: (1) Le programme projeté par la F.N.I.F. (2) Les estimés d'un tel programme. (3) Les allocations que doivent verser les associations nationales.

Rapport de la rédactrice et administratrice du Canadian Nurse: Moins d'un quart de toutes les infirmières enregistrées du Canada sont abonnées à la *Canadian Nurse*. Les annonces ont du fait diminuées et, par conséquent, le *Journal* doit faire face à des problèmes financiers. Ce *Journal* est la seule publication officielle de l'A.I.C. Son succès ou son échec dépend des infirmières du Canada. Que vont-elles faire?

Un Coup d'Oeil Ici et Là

Nous apprenons que les étudiantes du Toronto Western, inscrites au cours de deux ans, vont passer une partie de leur année internat (3e année) dans les hôpitaux des avant-postes de la Croix-Rouge; que le nouveau conseil de ville de Windsor a été prévenu que la continuation de l'école d'infirmières mérite considération. Nous avons lu une exhortation aux infirmières sur l'art de paraître aimable (probablement par un ancien malade). Nous notons une exposition à l'Hôpital Vancouver Général de méthodes modernes en nursing; six étudiantes de l'Hôpital McKellar Général à Fort William ont terminé un cours de six mois en psychiatrie à Brockville; 16 infirmières de toutes les parties du Canada suivent un cours de trois mois en psychiatrie à l'Hôpital de Westminster à London, Ont.

Current Activities of the International Council of Nurses

Information Bureau

The collection and distribution of information on matters pertaining to nursing bears a direct relationship to those functions outlined by the I.C.N. Study Committee. This committee envisaged the I.C.N. as a "fact-finding, standard-making, coordinating body," responsible for the collection and dissemination of information related to nurses and nursing at the international level.

This belief in the I.C.N. as a "clearing house" of professional information is cer-

tainly an established fact. Inquiries reach headquarters from many sources: From national associations which are in membership; from countries which have not yet achieved membership but which have national associate status; from international or national organizations, the functions of which are related to nursing activities; from government or diplomatic departments, as well as from individual persons, graduate and student nurses, occupied in all the many branches of nursing and related work.

Requests for information or assistance cover a wide range. Sometimes they are concerned with the building up of a better nursing service for a region, a country, or an institution; sometimes with the revision of curricula; how to help forward state registration; how to draw up statutes for a professional organization. Individual inquiries, many of which are initially the concern of national associations and are referred to them, are so varied and numerous that they cover every aspect of all fields of nursing. Suffice it to say that the I.C.N. is at this present time in correspondence with some 20 countries, in addition to those (30 in number) which have already been admitted into active membership. These countries need constant stimulation in the form of circulated material or of professional visits and every attempt is made to meet their needs. The extent to which I.C.N. Headquarters *can* meet these needs, however, is conditioned by the size of its staff and by the amount of time and funds which are available.

Committee Activities

Following reports presented to the Grand Council in 1949, I.C.N. committees have embarked on an extensive program of activities. To mention a few:

Education Committee is working in collaboration with the F.N.I.F. Council and has also been assigned certain projects by the Expert Committee on Nursing of the World Health Organization. It is at present undertaking a study on visual aids in the teaching of nursing.

Nursing Service Committee is continuing to study the problem of world-wide shortage of nursing personnel and is keeping in close contact with those countries which already have constructive plans for meeting the problem.

Membership Committee is making a survey of conditions of membership in all our member associations. The lines on which this should be done were laid down by the Grand Council in Stockholm in 1949.

Committee on Nursing Ethics plans to compile a comprehensive bibliography on ethical principles relevant to the practice of nursing and in due course to draw up for presentation to national associations for their consideration a code of Nursing Ethics. This project has been animated by the fact that the World Medical Association has already formulated such a code for the medical profession and has forwarded it to the I.C.N. for our consideration.

Committee on Exchange of Nurses is implementing the recommendations of a comprehensive report which was presented in Stockholm and is compiling a card index of study and employment conditions in all countries. This index will eventually be held at Headquarters as well as at the headquarters of all national associations. Further, all national associations are being required to submit a report at the end of each year, covering the exchange privileges which have been granted to their own members and those extended by them to nurses from other countries. These reports will form the basis on which the Exchange of Nurses Committee can formulate a report to the next Board of Directors.

Committee on Economic Welfare is endeavoring to assemble material on social and economic conditions governing nursing employment in all countries whose national associations are affiliated with the I.C.N.

International Relationships

The I.C.N. is increasingly required to represent nurses at the international level and, by doing so, is cultivating, developing, and cementing relationships with other international organizations active in fields of work related to nursing. Some of these organizations must be specially mentioned here:

International Hospital Federation: The I.C.N. joined this federation in 1949 and is, therefore, extended certain privileges by that body. We were invited to delegate a person or persons to attend a study tour of hospitals in Sweden in September, 1950, and a New Zealand nurse, whose name was put forward by the I.C.N., was accepted as a participant.

World Medical Association: This association has been courteous in keeping us informed of some of its activities. It invited

the I.C.N. to send an observer to its Fourth General Assembly, held in New York in October, 1950. Our second vice-president, Miss Katharine Densford, represented us on this occasion.

World Federation for Mental Health: The application of the I.C.N. to join the federation as a Trans-National Member was accepted at the third annual meeting, held in Paris in September, 1950. We were invited to send an observer to this meeting. The executive secretary attended and spoke on behalf of the I.C.N. following our election into membership. This new association should result in the closer collaboration of nurses with other workers in the field of mental health.

League of Red Cross Societies: A close contact has always been maintained between the I.C.N. and the Nursing Bureau of the League. This is now strengthened by the fact that the chief of the Nursing Bureau is vice-chairman of the new F.N.I.F. Council. She is also chairman of the I.C.N. Relief Committee and a member of the I.C.N. Ethics Committee.

In April, 1950, when the Nursing Advisory Committee of the League of Red Cross Societies met in Geneva, we were invited to send two representatives—one on behalf of the I.C.N. and one on behalf of the F.N.I.F. Our honorary treasurer, Miss G. E. Davies, acted as representative from the I.C.N. to this meeting. Miss Alice Sher, assistant executive secretary, represented the F.N.I.F. and gave a report on the present position of the Foundation.

World Health Organization: Since 1948 the I.C.N. has been in official relationship with WHO and is constantly used in a consultative capacity by that body. WHO now has a nursing section with two nursing consultants and the I.C.N. works in closest collaboration with them.

The executive secretary attended the Second World Health Assembly in Rome in 1949 and the Third World Health Assembly in Geneva in 1950. On both occasions she was privileged to speak on behalf of the I.C.N.

In February, 1950, the first Expert Committee on Nursing of WHO met in Geneva with nine nursing experts representing nine regional areas. The executive secretary was invited to serve on this committee as a co-opted member and the report, which was presented at the Third World Health Assembly and accepted by that body, contains several recommendations which have been referred to the I.C.N. for action.

Other branches of the United Nations: There are other branches with which we do not have direct relationship but which communicate with us, send us their publications, and sometimes use us in a consultative capacity. These in particular are UNESCO, the Economic and Social Council, and UNICEF. Our contacts in this connection are greatly strengthened by the fact that Miss Effie Taylor attends meetings of the United Nations at Lake Success and keeps us informed of activities pertaining to nursing.

The I.C.N. will take all possible steps to cement the friendly liaison already existing with these organizations and will explore any avenues which may lead to a closer relationship when it seems appropriate for our work to do so.

DISPLACED PERSONS PROFESSIONAL REGISTER

An agreement has been reached between the I.C.N. and the International Refugee Organization, whereby the Displaced Persons Professional Register of Nurses and its as-

Photo courtesy of Nursing Times

A party was given for DAISY C. BRIDGES, I.C.N. Executive Secretary, (*seated at left*) prior to her departure for Brazil, where she attended the Fourth National Congress of the Brazilian Graduate Nurses' Association and a meeting which discussed the proposed Inter-American Federation of Nurses. At the same time the staff presented CLARIBEL MCCORQUODALE (*standing, extreme right*) with a very lovely gift, consisting of table mats on which were typical London scenes. Miss McCorquodale has been Associate Executive Secretary since 1949 and returned to Canada recently.

sociated correspondence has been transferred to the I.C.N. as from June, 1950.

The work of giving professional advice concerning nurses on this register is being undertaken by Miss Alice Sher, now assistant executive secretary of the I.C.N., who has been president of the Nurses' Screening Board (Displaced Persons) since its inception.

We recognize the great privilege of being concerned with this work for our less fortunate colleagues and at I.C.N. Headquarters we shall do our utmost to carry out this particular activity, passed to us by the International Refugee Organization, as faithfully as possible.

DAISY C. BRIDGES
Executive Secretary

Book Reviews

Florence Nightingale—1820-1910, by Cecil Woodham-Smith. 615 pages. Published by Constable and Co. Ltd., London, Eng. Canadian agents: Longmans, Green & Co., 215 Victoria St., Toronto 1. 1950. Illustrated. Price $3.50.

Reviewed by Margaret M. Street, Secretary-Registrar, Association of Nurses of the Province of Quebec.

The recent publication of this book marks a significant addition to previous writings about this famous woman and the times in which she lived. The biography presents, in the words of the author, "a complete picture of Miss Nightingale for the first time." Certain valuable materials, not previously available, were utilized, such as the private correspondence of the Nightingale family and a number of the Herbert and the Bonham Carter papers. Other sources included Sir Edward Cook's well-known biography, Miss Nightingale's voluminous writings, government documents, records, and publications.

It is evident that the author carried out extensive and painstaking research in preparation for her formidable task of recording in detail the life and works of Florence Nightingale, together with the social changes and historical events of the period (1820-1910). The book is vitalized and enriched by the generous use of excerpts from the source materials. One's attention is held from start to finish by the smoothly-flowing narrative.

The scope of Miss Nightingale's work is shown to have been as broad as were her human contacts. Deeply religious, she early felt herself called to a life of service. The story of that life is one of single-minded purpose, determination in the face of almost insuperable obstacles, personal suffering and self-sacrifice, unremitting toil, rare intelligence and insight, and the ability to translate ideals into practical reality.

Although best known today for her influence on nursing and nursing education, Florence Nightingale is shown, in this biography, to have devoted a great deal of time and effort to other work also. With fiery zeal, and in the face of apathy and opposition, she worked for many years to secure reform in the health administration of the British army in war and peacetime. She devoted herself to matters of hospital construction and sanitation and published, in 1859, a very successful treatise, "Notes on Hospitals." She was consulted constantly on these matters and hospital plans from England and other countries were often submitted for her comment. She was a pioneer in the field of statistics and energetically advocated uniform hospital recording. She acted as consultant to the Royal Sanitary Commission on the health of the army in India and, by virtue of several years of intensive study and research on India, became so well-known an authority in this field that it was customary for a newly-appointed viceroy to seek instruction from Miss Nightingale before departing for his new post.

Florence Nightingale's preparation for her nursing work, and her early experiences in the field, are well described in this biography. So, too, are Miss Nightingale's heroic work in the Crimea and her influence upon both military and civilian nursing. An interesting chapter deals with the establishment of the Nightingale Training School at St. Thomas's. We read, too, of the establishment of a midwifery school at King's College Hospital and learn the details of Miss Nightingale's cooperation with William Rathbone in estab-

(*continued on page 294*)

Student Nurses

Nursing Care in Multiple Sclerosis

S. YESAKI

Average reading time — 9 min. 36 sec.

MULTIPLE SCLEROSIS is characterized by the formation of innumerable plaques throughout the tissue of the brain and spinal cord. The first evidences of the disease commonly appear between the ages of 20 and 40. The well-known Charcot triad—the distinguishing symptoms—include: *nystagmus* (involuntary movements of the eyes), *scanning speech* (a peculiar, rhythmic, sing-song speech), and *intention tremor* (accompanies voluntary movements). *Spastic paraplegia* appears in the great majority of cases. The abdominal reflexes are usually absent.

Mental deterioration may ensue. The commonest symptom is *euphoria*—a feeling of optimism and well-being despite the severe debilitating physical developments. A forced cry or laugh may be indicative of mental disturbance. Sensory symptoms usually are mild. *Transient sharp pains*,neuralgic, may be experienced through the lower extremities. There is almost always some degree of *cystitis*, particularly in the late stages. The urethral sphincter may be affected by a spasm that makes voiding difficult. Later, urgency, frequency, and *incontinence* are characteristic. The sequence of urinary tract infections may terminate the far-advanced cases. Not infrequently, multiple sclerosis is *aggravated by pregnancy* and childbirth and by operations where ether or chloroform is used as the anesthetizing agent.

Miss Yesaki, a Japanese-Canadian, is a student nurse in her intermediate year at Galt Hospital, Lethbridge, Alta.

SOCIAL BACKGROUND

Mrs. Stone was married at 18 to a man 11 years her senior. There were six children and there is a decided degree of love and friendliness among all the members of the family and the parents. Home life has always been happy and harmonious.

For many years prior to her sixth pregnancy, Mrs. Stone had run a confectionery shop, doing her housework after the store closed. The business was sold when her symptoms first became evident.

With the ties of her home and shop, Mrs. Stone enjoyed very little social activity though when she was well she attended church regularly. Her only interest was her family. Everything she earned went to pay for advantages for her children that she herself had lacked—music lessons, sport equipment, bicycles. Mrs. Stone was very patient with her youngsters, never scolding or punishing them. They have repaid her devotion with loving care during her long, difficult illness. Despite the verdict of many doctors, she still believes she will one day walk again—she must—her children need her! She knows that her husband, who is a baker, is very efficient and capable in providing for the children but they need her too.

MEDICAL HISTORY

Mrs. Stone's childhood had been healthy. Her only recollection of discomfort is the severe pains that accompanied her menstrual periods. Now menstruation has stopped. She had difficulty with each of her deliveries excepting the first one. Considerable suturing was always necessary and weakness kept

her in bed for at least two weeks.

Six or seven years previously she first noticed that she was having difficulty walking. She seemed to lose her balance suddenly. Then her eyesight began to fail. Soon she was unable to read ordinary print. Mrs. Stone reported that her doctor performed some tests and later told her she had multiple sclerosis for which there was no cure. Five years before she had had an ovary and her appendix removed. The youngest child was born four years ago. This pregnancy aggravated the sclerotic condition and ligation of the tubes was advised. This advice was not taken.

Mrs. Stone was admitted to hospital on January 29, complaining of intermittent pain in the abdomen, urinary disturbances, nausea, and always being tired. These symptoms had lasted for two months. She was found to be pregnant again. Due to the sclerosis, a therapeutic abortion was performed. She was discharged on February 17 to be cared for at home by a practical nurse. By May 11 she was unable to move her legs and arms and her abdominal pain had returned, coupled with difficulty in voiding. She was re-admitted to hospital.

Physical Findings

Mrs. Stone was a thin woman with a mask-like expression on her face. Her breath was foul-smelling. Through the abdominal wall, constipated feces were palpable. The leg muscles were somewhat atrophied and the reflexes were absent. Atrophy and local muscle weakness are not often seen since the disease attacks the white matter, sparing the grey matter and peripheral nerves.

When Mrs. Stone could walk her gait was stiff, spastic, lacking coordination. Now she had lost the use of her legs. They were rigid and immobile due to damage to the posterior column of the sensory tracts of the spinal cord. While she still had some use of her arms, they tended to shake violently indicating the presence of lesions higher up in the cord.

The most noticeable feature was the alteration in her speech. She talked in a slow, distinct, monotonous tone as if she were spelling out each word. This was due to a disturbance in the cerebellar nuclei or the connections. It indicated ataxia of the vocal and respiratory mechanisms. Nystagmus was also present. Mrs. Stone's eyes seemed to "jump" horizontally, especially if she were straining to look sideways. The apparent loss of vision of which she had complained earlier had improved slightly so that she could read large print. The atrophy of the optic chiasm will doubtless continue.

Bladder trouble is almost always present in the later stages of this disease. Mrs. Stone not only suffered from dysuria but had become incontinent.

To all of these distressing signs another problem was added. She had developed several decubitus ulcers. At the base of her spine the sore was about the size of a man's fist. There was one almost as large on her right hip with some small ones on her feet.

Despite all these afflictions, Mrs. Stone's mental attitude was characteristically optimistic, imbued with a feeling of well-being. These various physical findings all ran true to form for multiple sclerosis.

Laboratory Findings

Urinalysis: Several tests were made because of the cystitis. There was consistent evidence of the infection that was present.

Blood tests: In the various tests the red blood cell count was always below normal while the white blood cell count ranged considerably above normal. Hemoglobin was 60-70%. As the physical symptoms improved so did the blood picture.

Vaginal swab: Pus was found in large amounts. There were a few diplococci but no evidence of any protozoa or venereal infection.

Pathology: If Mrs. Stone's brain stem and spinal cord could have been examined, one would have found small to large grey-yellow areas that might be soft or firm. These would be more numerous in the pons and dorsal regions of the cord. The myelin sheath is attacked by an unknown organism that destroys the sheath and forms the colored plaques. As the disease progresses the damaged area interferes with normal conduction of nerve impulses. When the process in that area becomes quiescent, there is a remission—the axon recovers and resumes function. The sudden loss of vision and

subsequent recovery is an example of this process.

Medical Treatment

Because the etiology of multiple sclerosis is unknown, there is no specific cure for it. The most important thing is to maintain and improve the general nutrition of the patient. Vitamin therapy was commenced promptly.

Sedation was ordered "only if necessary." As the bedsores became increasingly worse, Mrs. Stone required sedatives almost every night. Phenobarbital was ordered to control hyperirritability, nausea, and tremors. Antibiotics were tried when the temperature rose considerably above normal. Research has demonstrated that these drugs have no effect in multiple sclerosis. They were, however, effective in combatting the bladder infection. A diuretic was ordered to increase the urinary output. When the dysuria disappeared this drug was discontinued. Catheterizations and bladder irrigations were part of the care.

Priscoline, a vasodilator which improves the peripheral circulation, especially in the extremities, was ordered. It is also used widely to promote healing of bedsores which, owing to the insufficient blood supply to the area, are slow to improve. It helped Mrs. Stone's decubitus ulcers tremendously. They are finally healing.

Tolseral was started recently. This is a comparatively new drug known to be beneficial to paraplegics. It is said that this drug stimulates the motor centres in the brain which carry the impulses down to the lower extremities and enable them to move. So far, there has been no change in Mrs. Stone's legs.

Nursing Care

Due to pressure sores at the base of her spine, Mrs. Stone was kept on her side as much as possible. As the reddened pressure areas became decubitus ulcers, many medications were used: penicillin ointment, eusol compresses, sulfathiazole powder, B.F.I. powder, zinc oxide, Alphamel, and acriflavine ointment. At present Alphamel is being used.

Special back care is given every four hours. If only Mrs. Stone could lie on her abdomen for a time, the bedsores might show more improvement. However, this is impossible because of her "cramped-up" and immobile legs. Moving her from one bedsore to another in order to give care tends to slough off the forming tissues. Once a day Mrs. Stone is lifted from bed and placed in a chair. Her ulcers appear much improved.

Because of her tremors, Mrs. Stone can do very little to help herself. She is given a daily bath and helped with her mouthwash. The special back care consists of a good massage with alcohol and powder. She is propped up with pillows to relieve pressure. While moving her to a chair, the nurses must be careful to keep the dressings in place on the bedsores. As we are not allowed to use adhesive tape anywhere on Mrs. Stone's body, we solved the problem of retaining the dressings in position by using a draw-sheet like a diaper. Massage is provided to improve extension of her limbs, particularly her knees.

Nourishing food is a prime essential. At first Mrs. Stone was on full diet but, because of the poor condition of her teeth, this was changed to light. She has to be assisted in eating because of her poor coordination. The inability to sit up in bed aggravates this problem.

The mental attitude of every patient should receive special consideration from the nurse. Although Mrs. Stone is, as a rule, cheerful and very cooperative she needs continual reassurance—that her bedsores are getting better, that the frequent back care does not tire the nurse, that she is not "a bother."

Prognosis

Mrs. Stone's doctor believes she will never walk again. The outlook is poor. Her condition will become increasingly worse as each attack is followed by shorter periods of remission. There is no useful treatment known for multiple sclerosis.

The addition of strained meats, that can now be procured commercially, to the formula of young, bottle-fed babies has been found to check the characteristic drop in hemoglobin and even to promote the formation of hemoglobin and red blood cells.

(*Continued from Page 290*)

lishing district nursing and in introducing professional nursing into workhouse infirmaries.

This book should appeal to the public at large. The nursing profession will welcome it and schools of nursing will wish, no doubt, to give it an honored place in their reference libraries.

The Rhesus Danger—Its medical, moral and legal aspects, by R.N.C. McCurdy, M.B., Ch.B., D.P.H. 138 pages. Published by Messrs. William Heinemann Medical Books Ltd., 99 Great Russell St., London W.C.1, Eng. 1950. Price 5s.

Reviewed by Ruth Harrison, Supervisor, General Hospital, Regina.

Upon reading the title of the book, one would assume that the Rhesus danger would be dealt with in the way that the majority of nurses would think of it—namely, the danger to the fetus. In his early chapters the writer does give a comprehensive picture of this danger. He also gives some of the early history of blood transfusion and blood grouping and leads up to the discovery of the Rh factor in 1940.

He goes on, however, in succeeding chapters to deal with the subject as it affects the outlook of the parents, dealing in turn with the social, moral and legal aspects, and suggests the steps which may be taken to relieve in some measure this apparently hopeless situation.

The writer does not claim to offer a workable solution to the problem of every Rh incompatible couple for "there will be as many ways of reacting to Rh incompatibility as there are incompatible couples." He does, however, endeavor to bring the situation out into daylight and help his readers to a better understanding of the dangers associated with Rh factor.

Lectures on Medicine to Nurses, by A. E. Clark-Kennedy, M.D., F.R.C.P. 288 pages. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1950. Illustrated. Price $2.95.

Reviewed by Christine MacArthur, Assistant District Superintendent, Victorian Order of Nurses, Winnipeg.

This is a presentation in book form of lectures given to second and third-year student nurses. In it, Dr. Clark-Kennedy has veered away from the traditional textbook approach in a very informal, extemporaneous style. He encourages reasoning and common sense rather than a reproduction of notes. To accomplish this he draws upon examples from widely different fields.

An outstanding feature is that there is constant emphasis on the patient being a conjunction of mind and body and consequently emotional as well as physical needs must be met. Practical examples further tend to strengthen the points he makes. This approach makes for effective learning for the student.

The author states the book is not intended to replace the standard textbooks nor is it comprehensive enough to do so. However, it is a wise and challenging book which also has the merit of being easily read.

It is essentially for student nurses and would be of definite value in their reference library.

Surgery for Nurses, by James Moroney, M.B. 644 pages. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1950. Illustrated. Price $5.25.

Reviewed by Sister Marion Estelle, Director, School of Nursing, Halifax Infirmary.

Designed to meet the needs of student nurses for a reliable text in their course, the subject matter of this book is on a sufficiently high level to make it particularly useful for student reference. The manner in which the information is presented, point by point, renders it valuable as a quick reference for graduate nurses.

The entire field of surgery, including fractures and deformities, is covered and a short introduction to obstetrics has been added. The extensive information has been condensed into compact form and divided into short chapters. Preoperative and postoperative care is emphasized, rather than the actual operating room procedure. There are valuable suggestions for bed-making for special types of cases and other ways of keeping patients comfortable. Medications discussed are up to date. The chapter on shock, though not exhaustive, is adequate.

On the whole, the volume represents a publication of great distinction, one of which both author and publishers can justly be proud.

Ontario

The following are staff changes in the Ontario Division of Public Health Nursing:

Appointments: *Alice Duff* (St. Catharines Gen. Hosp. and approved school nurse certificate, Ont. Dept. of Education) from West Virginia State Department of Health to Scarborough Township board of health; *Elizabeth Petrie* (University of Toronto diploma course) to York County health unit; *Mary Potts* (Queen's University School of Nursing) to Kingston board of health.

Resignations: *Mildred Jarvis* as public health nursing supervisor, Peel County health unit.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments–Halifax: *Joy Lordly* (Royal Victoria Hosp., Montreal). Lachine, Que.: *Liliane Lanctot* (Notre Dame Hosp., Montreal). Moncton: *Margaret Rann* (Moncton Hosp.). Montreal: *Carol Miller* (Montreal Gen. Hosp.). North Bay, Ont.: *Mrs. K. Armstrong* (St. Elizabeth's Training School, Sudbury). Ottawa: *Anne Thompson* (R.V.H. Montreal, and Univ. of Ottawa) and *Betty Wannamaker* (R.V.H.). Owen Sound, Ont.: *Leone Schwartz* (Gen. & Marine Hosp., Owen Sound). Saskatoon: *Hetwig Bendig* (Grey Nuns' Hosp., Regina). Toronto: *Patricia Austin* (Royal Victoria Hosp., Barrie); *Mrs. K. Ellis* (Grace Hosp., Windsor, Ont.); *Mazie MacIntosh* (Aberdeen Hosp., New Glasgow, N.S.); *Margaret Meek* (Toronto Gen. Hosp.); *Helen Pinshoffer* (St. Michael's Hosp., Toronto); *Mrs. N. Sheppard* (Wellesley Hosp., Toronto); *Shirley Whiteside* (Toronto East. Gen. Hosp.). Winnipeg: *Mrs. G. Spiers* (St. Boniface Hosp., Man.).

Transfers–*Dorothy Bluhm* from Braeside, Ont., to Carleton Place, Ont., as nurse

in charge; *Sylvaine Cadorette* from Lachine staff to be nurse in charge; *Claire Doucet* from Carleton Place to Pte. Claire, Que., as nurse in charge; *Helen MacKay* from Toronto to be assistant superintendent, Hamilton.

Leave of Absence–*Eliesabet Janzen* from Kitchener; *Mabel Shaw* from Moncton.

Resignations–Cornwall: *Edna C. Lawson.* Lachine: *Mary Potts* as nurse in charge. Moncton: *Mary Goodfellow.* Pte. Claire: *Helene Rousseau* as nurse in charge. Toronto: *Dorinne Hargrave, Mrs. S. Hartley.* Trenton, Ont.: *Barbara Mason.*

Not only sounder teeth but a generally stronger physique will follow the marked limitation of all the common starches and sweets in the diet of youngsters at any age. From the second year on emphasis should be placed on the rule that only fruit juices and water should be given to children between meals unless their appetites are such that three substantial meals do not suffice.

—P. E. Luecke, M.D.

News Notes

ALBERTA

Lethbridge

The annual meeting of District 8 was held at the Civic Centre when the various reports revealed a successful year. B. Hoyt, in her president's report, commented on the increased attendance at the meetings, probably due to the worthwhile programs provided by A. Fallis and her committee. Plans for a refresher course were discussed.

C. Tennant presented the following slate of officers which was adopted unanimously: President, Mrs. E. Michael; vice-presidents, A. Fallis, Sr. M. Rita; secretary, G. Garrill; treasurer, P. Killen; social convener, J. Veldhuis; program convener, D. Emery; *Canadian Nurse* representative, D. Watson.

The members later viewed an interesting film followed by refreshments served by D. Palate.

BRITISH COLUMBIA

Chilliwack

Mrs. H. Johnston was elected president of Chilliwack Chapter at the annual meeting. Mrs. J. Chabot directed the nominations committee. The honorary presidents are Mmes B. McKay and G. Wilson. Other officers include: Vice-president, Mrs. A. Edmeston; secretary, A. Bush; treasurer, E. Gibbons. Committees: Program, Mmes N. MacGregor, E. Roberts; ways and means, Mrs. F. Barwell; visiting, Mrs. C. Armstrong;

membership, F. Orton, Mrs. J. Barker; press and publicity, L. Lockhart. Representative to *The Canadian Nurse* is K. Crowley.

The annual reports showed that the members worked well for the progress of nursing service and the community. N. Kennedy and Mrs. T. Heaton will work with the student councillor in selecting the winner of the Chadsey Memorial Award. A. MacKay, R. Baines, and Mrs. E. Roberts will give talks to the senior high school girls, outlining what nursing has to offer as a profession. Mrs. Barwell asked for volunteers to teach classes on home nursing and first aid under the auspices of the Red Cross. A list of resolutions, presented by the Chilliwack Council of Women, was read and debated. Refreshments were served under the convenership of M. Brown.

KAMLOOPS-TRANQUILLE

Phyllis Rowe was elected president of Kamloops-Tranquille Chapter at the annual meeting. Miss Rowe, clinical supervisor at Royal Inland Hospital, Kamloops, is a graduate of Vancouver General Hospital and received her B.A.Sc. degree from the University of British Columbia. In 1949 she was a delegate to the I.C.N. Conference at Stockholm.

Other officers elected include: Vice-presidents, M. Rowles, B. Donaldson; recording and corresponding secretaries, N. Williams and M. Nishizaki; treasurer, J. Phillips. Section chairmen: Institutional nursing, B. Donaldson; public health, Y. Nedelic; general nursing, Mrs. J. Hay. Committee conveners: Membership, H. Service, Miss Chaffin; program, Mrs. W. K. Waugh; visiting, O. Garrood; scholarship, M. Longmore. Mrs. S. Ramage is *Canadian Nurse* representative.

KELOWNA

Mrs. H. M. Trueman was re-elected president of Kelowna Chapter at the annual meeting. Other officers include: Vice-president, H. Empey; secretary, J. Anderson; treasurer, Mrs. J. Chambers. Committee chairmen: ways and means, I. Wallace: educational, N. Hill; bursary, S. Blackie; telephone, P. Pollard; public relations, M. Davies.

Miss Empey reported on the annual meeting of the Local Council of Women while Mrs. F. Bunce presented the treasurer's statement. Mrs. Trueman summarized the year's activities.

Deciding to concentrate on two local projects—the hospital ward fund and a bursary—the chapter has discontinued food parcels to Britain. Mmes Bunce and Trueman volunteered to assist the public health department with the preschool and well-baby clinics. An invitation has been extended to F. Trout, R.N.A.B.C. itinerant instructor, to conduct a refresher course at Kelowna. It was suggested that Colonel Horn, civil defence chairman for the district, address the nurses so that they might be aware of their duties in time of national emergency.

SIDNEY

Adele Stickle is a member of the newly organized senior class at Pacific Union College, Angwin, Calif., and will graduate in June with the degree of Bachelor of Science and a major in the field of nursing education.

Miss Stickle, a sister of Ruth Stickle, director of nursing at Rest Haven Hospital, was a member of the nursing staff of Sidney Hospital from 1942 to 1948. She is a graduate of the school of nursing at the College of Medical Evangelists, Loma Linda, Calif.

VANCOUVER

General Hospital

British Columbia's nurses would like to go back to school every year to keep up with the latest developments in modern medicine and patient care. This was evident, say officials, when the Professional Nurses Exposition ended at the General Hospital. A total of 1,200 nurses from all over the province registered for the two-day course of lectures, films, and demonstrations on the most modern appliances, techniques, and medicines. Sponsored by the General Hospital School of Nursing Alumnae Association, the course was designed to bring nurses up to date in the latest developments. J. Pierce, nursing instructor at the hospital, was chairman of the exposition organizing committee.

Margaret Campbell was named president at the annual meeting of the General Hospital Alumnae Association. Other officers include: Honorary president, E. Palliser; vice-presidents, J. Pierce, A. Wakefield, Mrs. R. Campbell; executive secretary, Mrs. M. Faulkner; executive member, Mrs. G.Wyness; committee conveners, E. Lydiard, Mmes B. Atkinson, E. Hood, J. Pettigrew. E. Nelson is past president.

St. Paul's Hospital

Sr. Teresina, superior of St. Paul's since 1947, has been promoted to the Provincial Administration as assistant to Mother Catherine, Provincial Superior, who is also a former superior of St. Paul's. Sr. Teresina will reside at Lacombe Home, Midnapore, Alta., headquarters for the Holy Angels Province, which comprises all the sisters in western Canada. Sr. M. Celina, superior, St. Mary's Hospital, New Westminster, for the past five years, replaces Sr. Teresina. Sr. Celina is a former superintendent of both St. Eugene's and St. Paul's schools of nursing. Sr. Leo Francis, who has been in St. Paul's for 30 years, succeeds Sr. Celina at St. Mary's. Sr. Leo Francis spent 25 of the 30 years in charge of the 4th floor.

VERNON

Mrs. H. G. Scarrow, president, was in the chair at the annual meeting of Vernon Chapter, when 25 members attended. Other officers elected include: Vice-president, Miss Russell; secretary, Mrs. J. Mulholland; treasurer, Mrs. A. Thom; press correspondent, Mrs. W. M. Walker. Mmes A. Davidson and F. Becker were named conveners for the annual rummage sale. In reporting on the year's work, Mrs. Scarrow mentioned the rummage sale and two bridge parties as being among the money-raising activities of the group. Members helped at the two blood

donor clinics and the chapter provided a new rug, chesterfield, and chair for the nurses' residence, as well as making donations to campaigns and drives. Mrs. Thom reported a balance of $230. It was reported that a mobile unit has been constructed with the objective of inaugurating a canteen in the Jubilee Hospital where patients and visitors may obtain small necessary articles and cigarettes.

Marian Davies, R.N.A.B.C. representative from Kelowna, spoke to the members on nursing problems and gave some information regarding the preparation for the meeting and banquet to be held in Vernon late in April or early in May.

Following business, refreshments were served by Mmes E. Howes and C. Smail.

MANITOBA

BRANDON

Mrs. M. Ferguson was in the chair at a regular meeting of the Association of Graduate Nurses when reports from the various committees were heard. A dinner party for the married nurses' section was planned for the future. Following business, M. Craig's group took charge and introduced Rev. Murray Thompson of Forrest who spoke on his work with the Cree Indians at Nelson House. His enlightening address was illustrated with slides. Mrs. M. Thompson, who taught in the north for several years, was also a guest at the meeting.

The association held a very successful tea and bazaar in the nurses' residence of the General Hospital, convened by Mrs. J. Anderson. Guests were welcomed in the afternoon by M. Jackson and Mrs. R. Griffiths and in the evening by Mrs. R. Hotson and I. Lamont. The home-cooking table was in charge of Mmes C. Agnew and R. Fisher and needlework by A. Bennett and Mrs. S. H. Perdue. L. Arnott and J. Markey were in charge of tickets and the draws, which were won by Mmes G. Wiley, H. McDonald, and J. Cross, were in charge of Misses Arnott and Markey. Miss Donohoe and Mrs. Rutter and their assistants were in charge of decoration.

In charge of the tea room were Mrs. D. L. Johnson and A. E. Janzen. Assisting were: D. Lewis, P. Donohoe, M. Hettle, J. Ryfa, I. Lightly, Mmes J. McNee, H. Alexander, S. J. S. Pierce, W. A. Bigelow, L. Rutter, M. Nichol, A. Lewis, T. P. Moir. M. Jackson and Mrs. R. Darrach presided in the evening.

General Hospital

Mr. A. K. McTaggart has been appointed superintendent of the hospital. Leona (Paige) Harrison has resigned and is residing at Flin Flon.

Mental Hospital

T. Beecher and S. Strang are doing postgraduate work here in psychiatric nursing.

ST. BONIFACE

The annual dinner of the St. Boniface

Nurses' Alumnae Association was held in the out-patient auditorium of the hospital with 150 members present. Mrs. McDonald, the president, was chairman. Entertainment was provided by the Student Nurses' Glee Club. Rev. Sr. Dorais, hospital superior, welcomed the members "home again" and thanked them for their sympathy and encouragement during the flood.

Officers serving for 1951 include: Honorary president, Rev. Sr. Clermont; president, Mrs. D. C. McDonald; vice-presidents, G. Baxter, Mrs. J. Baisley; recording and corresponding secretaries, G. Cornist and L. Wiebe; treasurer, V. Williams; advisory council, Sr. Clermont, T. Greville, C. Bourgeault, M. Gibson, E. Sellick. Committees: Social, Mrs. C. Topolinski; membership, Mrs. P. Adam; visiting, D. MacDonald; legislative, I. Pineau, Mmes J. Jones, B. Smith, D. Nuyeten. Representatives to: Nurses' registry, Mrs. Gilchrist; M.A.R.N., Mrs. Friesen; *The Canadian Nurse*, K. McCallum. Archivist, L. Andrews.

Winnipeg General Hospital

The nurses' residence was the scene of a tea given by the alumnae association in February. Receiving the guests were: Dr. H. Cappinger, hospital superintendent, and Mrs. Cappinger; Mrs. J. M. Kilgour of the White Cross Guild; Mrs. C. Dojack, alumae president; Dorothy Hibbert, assistant superintendent of nurses; W. A. Murphy, president of the hospital board of trustees. The general convener was Mrs. Anderson. Proceeds of the tea will be used to finance alumnae projects which include the support of a native nurse in India for the Zenana Medical Bible Mission; annual post-graduate scholarships for nursing school graduates; library and film fund for student nurses.

NEW BRUNSWICK

Saint John

F. Saunders, the president, was in the chair at a meeting of Saint John Chapter when plans for an Easter dance were laid. Dr. J. L. Thompson was guest speaker and his talk on present day methods in the treatment of arthritis proved instructive.

General Hospital

B. Selfridge was re-elected president of the alumnae association at the annual meeting when gratifying reports were presented by the officers and conveners. The slate of officers includes: Honorary president, E. J. Mitchell; vice-presidents, Mrs. E. T. K. Mooney, A. Hanscome; secretary and assistant, M. Moore, L. Floyd; treasurer and assistant, D. Guild, E. Hooper. Committee conveners: Program, Mrs. R. Nason; refreshments, Mrs. M. O'Neil; visiting, A. Ross. Executive, Miss Wetmore, M. Todd. Mrs. L. Dunlop is auditor.

Lancaster Nurses Association

A successful event, held by the association, was the Christmas party for the doctors and

nurses. During January two members of the nursing staff resigned—Mrs. C. McIvar and Phyllis Harrigan—and were presented with gifts.

The following officers will serve during the coming months: President, E. Abbott; vice-president, G. McNamara; secretary, Mrs. M. Anderson; treasurer, M. McDonald; visiting, Q. Brooks.

St. Stephen

Mrs. P. Clark's home was the scene of a meeting of the local chapter when Dr. John Metcalf spoke on "Fluid Balance." At the February meeting it was reported that the Ways and Means Committee had raised $97 from a food sale and that 500 tickets had been sold on a hand-woven afghan. Mrs. H. Short was the lucky winner. The guest speaker was Margaret E. Kerr, editor of *The Canadian Nurse*, who spoke on "Developments in Nursing in Canada."

At a future meeting it is planned to have Mr. Francis Brown, attorney-at-law, as guest speaker, who will choose as his topic "Korea."

Charlotte County Hospital

On her visit to St. Stephen, Miss Kerr addressed the student nurses at the hospital.

ONTARIO
District 1

Chatham

"Long years . . . no, short ones," Edythe Patterson, dietitian at the Public General Hospital, said at the conclusion of a quarter of a century of service with that institution. Miss Patterson, who guides the dietary department which produces more than a thousand meals a day, shared the spotlight at the 60th annual meeting of the Public General Hospital Society with Winnifred Fair who also, in February, concluded her 25th year with the hospital. In recognition of their services the board of trustees presented each with a gold wrist-watch.

Born in Kincardine, Miss Fair entered the P.G.H. as a student nurse in 1925. On graduating in 1928, she went into private duty and later joined the hospital staff. Since then she has supervised practically every department in the institution. Miss Patterson graduated from the School of Home Economics and took post-graduate work at the Royal Victoria Hospital, Montreal.

Strathroy

A meeting of the General Hospital Alumnae Association took the form of a Valentine party when about 30 members were present. The guests of honor were Marion Grogan and Jean (Campbell) McLeish who celebrated their 25th anniversary since graduation. Both are members of the present nursing staff and have served in this vicinity for the last quarter of a century. Miss McIntyre spoke briefly and the two guests were capped with silver hats and presented with red and white corsages. An oyster supper was served by the

hostesses—Misses Doan, McDonald, Fields, and Mrs. Watson.

District 4

Hamilton

"The World Crisis" was the subject of the address given by Dr. E. T. Salmon at the district annual meeting, highlighted by incidents of his trip to Europe. H. Snedden, retiring chairman, spoke briefly on the business accomplished at the board of directors meeting held in Toronto. Greetings were brought from the Niagara district by D. Sharpe. Committee reports were adopted as presented in mimeographed copies.

The following officers were elected: Chairman, Irene Mayall; vice-chairman, E. Ewart, D. Sharpe; secretary-treasurer, C. Graham, assisted by G. Coulthart; councillors, M. Blackwood, M. Campbell, E. Freeman, B. Key, B. Lousley, A. Oram.

The reception room of Undermount St. Joseph's nurses' residence was the scene of a delightful tea where old and new friends were welcomed.

District 5

The Hon. Mackinnon Phillips, M.D., Minister of Health for Ontario, was guest speaker at the annual meeting of District 5 held in Toronto. His subject was "Ontario's Nursing Problems." He discussed the proposed legislation bill which will give the nurses of the province their own governing body. He asked the nurses to be patient if the 1951 Act did not prove entirely satisfactory; amendments will be required to improve it year by year.

The annual reports of the committees indicated an active year. The Bursary Committee reported an increase in requests from student nurses for assistance to complete their training and an encouraging response in soliciting funds for bursaries from service clubs and other organizations.

Marion Tresidder, of the University of Toronto School of Nursing, was re-elected chairman. In her address she emphasized that two major problems confront the nursing profession today—first, to place nursing education on a sound educational basis and, second, to conserve the time and effort of the professional worker after she has been prepared.

Other officers elected were: Vice-chairmen, W. Hendrikz, L. Ashton; secretary-treasurer, Mrs. M. Chisholm; councillors, K. King, G. Tucker, L. Fair, D. Arnot, J. Wilson, M. Agnew.

Collingwood

Mae Gould, a graduate in 1946 of the General and Marine Hospital, is leaving shortly to join the Sudan Interior Mission, Nigeria, British West Africa.

Toronto General Hospital

Jean Cunningham is now superintendent of Groves Memorial Hospital, Fergus. This institution serves a wide area in North Wel-

lington County. Prior to her present post, Miss Cunningham was in charge of the eye, ear, nose and throat department at T.G.H.

District 7

Kingston

The district annual meeting was held at the General Hospital with members present from Perth, Smiths Falls, and Brockville. Following business, Edith Fenton, assistant secretary, R.N.A.O., gave a short talk on the increased yearly membership fee and the advantages the nurses derive from membership in the only official nursing organization in the province. Dr. Garfield Kelly, of the Kingston Arthritic Clinic, gave an informative talk on the new treatment of arthritis with cortisone and ACTH. This was followed by a film, showing the treatment given in the rehabilitation centres for arthritis.

Miss Acton, superintendent of nurses, and her staff served refreshments in the nurses' home.

Ontario Hospital

Ten girls and two boys were recently accepted into the School of Nursing at an impressive capping ceremony when 32 affiliating students, as well as the senior students, assisted with the program. After the processional, "The Lord's Prayer" was sung by H. Macklam, affiliating student from Kingston General Hospital. Ella G. Smith, superintendent of nurses, welcomed the guests. The Belleville General Hospital affiliating students rendered two selections while M. Carter, preliminary student, repeated "Prayer Before Capping." The female students were capped, the male students being presented with badges by members of the nursing office. A Nightingale Lamp was presented to each student, the class president of the senior group then lighting the candles of the newly-capped junior nurses. The students repeated the Nightingale Pledge, led by F. Latimer, assistant superintendent of nurses. "Bless This House" was sung by the student nurses, including representatives from the Oshawa General, Pembroke General, Ottawa Civic, Kingston General, and Ontario hospitals.

The guest speaker was Mabel Fairfield of the Kingston Department of Health. She indicated in her talk the various fields open to nurses on graduation, implying there was a wide need for good nurses. The benediction was pronounced by Rev. L. M. Faulds. A social hour followed when Mrs. D. O. Lynch and E. Clarke presided at the tea table.

A regular meeting of the alumnae association was held at the home of Mrs. D. O. Lynch when plans were made for a bridge and euchre and pot-luck supper. Miss Smith is to procure a film from the Film Council to be shown after the supper. Mrs. A. Kennedy presented a silver tea service to Mrs. Halliday, who received it for the student nurses at Leahurst. The service was presented in memory of Mrs. Doreen Wheaton. A membership tea, to be held at Leahurst, was also discussed.

District 8

Cornwall

At the annual meeting of the local chapter held at Hotel Dieu, Edith Fenton, assistant secretary, R.N.A.O., addressed the members.

District 10

Port Arthur

A large number of nurses attended the 26th annual meeting of the district held at the General Hospital. Mrs. D. R. Easton, chairman, presided and reviewed the past year's activities which proved varied. She expressed the hope that more nurses would show interest and become members of the R.N.A.O. as well as subscribers to *The Canadian Nurse.* Rev. Sr. Patricia gave a report on the board of directors meeting held in Toronto and M. Flanagan spoke on community nursing registries. Delegates to the meeting from outside centres included Rev. Srs. Alcas Marie and Helen Marie from Kenora and Rev. Sr. Joan from Sudbury. B. Seaman, National Office, supervisor, V.O.N., was guest speaker and gave an interesting address on the history of that organization. D. Colquhoun thanked the speaker.

Officers elected include: Chairman, Mrs. Easton; vice-chairman, Rev. Sr. Patricia; secretary-treasurer, H. Keith. Committees: Finance, D. Colquhoun; membership, Rev. Sr. Monica, M. Flanagan; program, H. Scriminger, Mrs. G. Ward. Sections: Institutional nursing, M. Stitt; public health, Miss Sisson. Representatives to: Press, E. Davidson; *The Canadian Nurse,* A. Malmborg, F. Howard. Councillors, Rev. Sr. Felicitas, A. B. Hunter, B. Stock, C. Feisel. The Nominating Committee for 1952 consists of: D. Elliott, H. Scriminger, and Mrs. R. Cunningham.

QUEBEC

Montreal

Children's Memorial Hospital

E. Kerrigan and D. Godwin have been appointed to the junior rotation staff while J. Wocks, W. Scott, and J. Russell have joined the operating room staff. Misses Koivu and Donaghy have resigned.

Sherbrooke

At a meeting of the Sherbrooke Hospital Alumnae Association it was reported that the proceeds from a benefit bridge netted around $140. The association is endeavoring to raise funds to furnish the "graduates' room" in the new hospital which they hope to move into in May. It was proposed that the Sherbrooke Hospital Alumnae Scholarship be renamed the "Frances Upton Memorial Scholarship." Miss Upton was at one time superintendent of the hospital and one of the original founders of the alumnae. As this scholarship was not used this year, it was suggested by Miss Graham, superintendent of nurses, that the association send a graduate staff nurse to a Montreal hospital

to observe in some field of nursing procedures.

It has been decided to issue a news bulletin to alumnae members and any items of news would be appreciated if sent to *Mrs. E. G. Taylor, Rock Forest, Que.*

The Lennoxville wing of the Ladies Auxiliary gave a party for the staff and students in the residence. Bridge, canasta, and refreshments were enjoyed.

The capping of the student nurses took place when Miss Callin, instructor, presented the students to Miss Graham for capping. Their candles were lit by the senior students. The invocation was given by Rev. Everett and the address of welcome by Dr. Klinck. The students were presented with white Testaments by the Gideon Society. Refreshments were later served for friends and relatives.

A. Christie was entertained prior to her departure for Toronto. She was presented with a suitable gift.

The new nurses' home will be known as the Norton Residence, a tribute to the memory of the late Harry Norton of Ayers Cliff and a mark of appreciation of the Norton family who, in past years, have given close to $500,000 to the hospital.

SASKATCHEWAN

REGINA

The Regina Chapter, District 7, held its December meeting in the form of a Christmas party at Grey Nuns' Hospital, when Santa distributed gift parcels, courtesy of Abbott Laboratories Ltd.

Grey Nuns' Hospital

The hospital has now opened the doors of its new wing where many modern and attractive facilities are available. At the entrance, a large crucifix dominates the stairway. In the lobby may be seen a picture of the Venerable Mother d'Youville, foundress of the Grey Nuns' Order, and also a painting of the Last Supper. Other furnishings in the rotunda were donated by the Lady Patronesses, alumnae, staff and student nurses. Located on the ground floor are the dressing rooms, central sterilizing room, and emergency department. The first floor houses the business and administration offices, with the operating theatres on the second. New features of this department include an intercommunication system and observation galleries. The maternity ward occupies the third floor with spacious delivery and labor rooms and pink and blue nurseries. Premature babies and isolation cases have their own special nurseries.

The alumnae held its Christmas party when members brought toys for the children's ward. The 1951 graduates were guests of honor at a formal dance given by the alumae in January.

Mr. Christian Smith, health education director for the Saskatchewan Department of Public Health, spoke to the sisters, staff and student nurses, and employees at three evening sessions. His topic was "The World

Health Organization" and he illustrated his talk with a film—"The Eternal Fight." Displays of literature on health and health services were set up in the hospital and nurses' residence.

The school of nursing, under the direction of Sr. A. Levasseur, educational director, sponsored a program of lectures and displays during National Health Week.

Fifty-five student nurses took part in an impressive candlelight ceremony in February. M. Crawford, on behalf of the school of nursing faculty and of the hospital authorities, welcomed those present and extended congratulations to the students. Sr. A. Brodeur, director of nurses, was assisted in capping the students by two little cap-bearers. F. Nugent, Student Council president, lit the symbolic Nightingale Lamp and the newly capped students each received a small lamp, lighting the candle from the large one. Then the class took the Junior Nurse's Pledge. Sr. Levasseur presented prizes to the students with the highest standing—M. Livingstone, A. Woodard, and P. Macleod. Musical selections were presented by L. Dunn, A. Donais, H. Gibney, R. Vollhoffer, and B. McGorrian. Rev. Father Allan was the guest speaker. Greetings were given by Sr. M. Farley, superior, who announced to the newly capped students, whose parents were unable to attend the ceremony, that they would have an opportunity of sending messages over CKRM at a later date (see photo). A reception followed the ceremony.

Sending radio messages to the parents following capping ceremony. At microphone: Bob Bye of Station CKRM and L. Prowse.

YORKTON

Mmes H. Ellis and S. T. Dodds were co-conveners of the General Hospital Alumae Association Christmas party held at the nurses' residence. Fifteen members enjoyed an evening of merriment, which included novelty contests, gifts, and refreshments.

Nine members attended the January meeting when Mrs. J. Parker, vice-president, was in the chair. Greetings and letters from several associate members were enjoyed. It was reported that a number of the graduates, now living in Saskatoon, are meeting regularly.

BERMUDA

Muriel Graham, formerly superintendent of nurses at the Nova Scotia Hospital, is now on the staff of King Edward VII Memorial Hospital. Miss Graham, a native of Antigonish, N.S., is a graduate of Victoria General Hospital, Halifax.

Positions Vacant

Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Nursing Arts Instructor, Asst. Operating Supervisor, Night Supervisor, General Duty Nurses for 200-bed General Hospital. Salaries: $195, 195, 205, & 175 plus Cost of Living Bonuses, respectively. 8-hr. day, 88-hr. fortnight. Statutory holidays. Sick time. 4 wks. annual vacation. Apply Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

Nursing Arts Instructor for very active General Hospital, centrally located. For further information apply Director of Nursing, Herbert Reddy Memorial Hospital, 4039 Tupper St., Montreal 6, Que.

Supervisor, Out-Patient Dept., Nursing Arts Instructor, Science Instructor, Clinical Instructor in Medicine, Clinical Instructor in Surgery, Operating Room General Staff—all by Aug. 1. Hospitalization, sick leave, superannuation benefits. 1 mo. vacation annually. Apply Director of Nursing, Civic Hospital, Ottawa, Ont.

University of Alberta School of Nursing requires: (1) **Supervisor of Instruction** to take charge of teaching program in undergraduate diploma & degree courses & to assist with post-graduate courses in nursing offered at university. Salary: $235-270. (2) **Asst. Supt. of Nursing Service.** Salary: $230-250. (3) **Operating Room Clinical Supervisor.** Salary: $210-230. Perquisites: 46-hr. wk. 11 statutory holidays. 31 days vacation. Cumulative sick leave. Pension plan. Apply Director, School of Nursing, University of Alberta Hospital, Edmonton, Alta.

Supervisor for Surgical Ward, experienced with post-graduate course in Surgery. 600-bed Tuberculosis Sanatorium. 44-hr. wk. Accumulative sick leave. Choice of 2 pension plans. Blue Cross Plan. Apply Director of Nursing, Beck Memorial Sanatorium, London, Ont.

General Duty Nurses—medical, surgical, pediatrics, maternity, psychiatry, tuberculosis. Beginning salary: $246. $10 differential for pediatrics, psychiatry, tuberculosis, evening & night shifts. 600-bed hospital with School of Nursing. 40-hr. wk. 8 paid holidays. 3 wks. vacation. Laundry. Accumulative sick leave. Apply Director of Nursing Service, General Hospital, Fresno, California.

Graduate Nurse immediately for County Hospital, Huntingdon, Que. Salary: $125 per mo. Full maintenance & 1 mo. vacation per annum. Huntingdon is growing community; plenty of social activity. Nursing staff work & live in a most congenial atmosphere. For further particulars apply Dr. F. G. McCrimmon, Hosp. Supt.

General Duty Nurses for 90-bed hospital in B.C.'s Cariboo District. Salary: $185 less $40 maintenance in comfortable nurses' home. Yearly increase of $7.50. Fare refunded after 6 mos. service. 44-hr. wk. 28 days holiday after 1 yr. service. Proportionate holidays after 6 mos. All statutory holidays. Progressive town offers wide variety of winter & summer sports. Twice daily plane service to Vancouver. For further information apply Miss G. Gowans, Director of Nursing, Prince George & District Hospital, Prince George, B.C.

Nurses for General Duty urgently required for United Church of Canada's R.W. Large Memorial Hospital at Bella Bella, B.C., on Pacific coast, 300 miles north of Vancouver. Salary: $184 per mo. less $40 maintenance. Fare advanced to hospital. Apply Home Mission Board, United Church of Canada, Toronto, Ont., or Vancouver, or direct to Matron at Bella Bella.

Infirmières demandées par

LA SOCIÉTÉ CANADIENNE DE LA CROIX-ROUGE

- Service général dans les avant-postes hospitaliers.
- Postes d'infirmières surveillantes et infirmières visiteuses dans les avant-postes infirmiers.
- Service de Transfusion.

Les infirmières, possédant un diplôme reconnu par l'Association des Infirmières du Canada, devront faire parvenir leur demande d'emploi à l'adresse suivante:

Directrice Nationale, Services du Nursing,
La Société Canadienne de la Croix-Rouge,
95 rue Wellesley, Toronto 5, Ontario, Canada

British Columbia Civil Service requires: ***Registered Nurses for General Staff Duty for the Division of Tuberculosis Control***—*Vancouver Unit:* 225-bed T.B. Hospital, located at 2647 Willow St., Vancouver. All major services & student affiliation course. Registration in B.C. required. Gross salary: $182 per mo. Annual increments of $60 (over 5-yr. period). No residence accommodation. *Tranquille Unit:* 350-bed T.B. hospital, located 12 miles from Kamloops in southern interior. All major services except student affiliation. Gross salary: $188.50 per mo. Annual increments of $60 (over 5-yr. period). New modern residence; attractive bed-sitting rooms. Recreational facilities. Maintenance deduction: Room $5.00; laundry $2.50. Excellent food at 20 cts. per meal. ***Conditions—Both Units:*** 8-hr. day, 5½-day wk. rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave, 20 days per yr. (14 cumulative). Promotional opportunities. Superannuation. Write for information & applications to Supt. of Nurses in respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver, B.C.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

General Duty Nurses for modern, well-equipped hospital in picturesque Lakehead. 48-hr wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Gross salary per mo.: $185 less $20 for meals. A further $25 charged if living in residence. Annual increment. Railway fare up to $50 with 1 yr. contract. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

Registered Nurses for General Staff Duty on Rotation Service. Apply, Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

General Duty Nurses for 400-bed hospital. New Wing just opened. 8-hr. day, 44-hr. wk 10 statutory holidays. B.C. registration required. Salary: $175 basic. Credit for past experience Annual increments. Vacation: 28 days after 1 yr. Sick leave: 1½ days per mo. cumulative Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Nursing Arts Instructor, Clinical Supervisor, General Duty Nurses for 185-bed General Hospital. 1 mo. vacation after 1 yr. employment. Apply, stating qualifications, experience & salary expected, Supt., General Hospital, Medicine Hat, Alta.

Vancouver General Hospital requires: (1) **Psychiatric Clinical Instructor**—Salary: $217-242; (2) **Three Junior Classroom Instructors**—Salary: $207-232; (3) **General Staff Nurses**—Salary: $185-215 plus afternoon & night shift differential. Perquisites: 44-hr. wk.; 11 statutory holidays; 28 days vacation; 1½ days per mo. cumulative sick leave; Pension Plan (if under 35). Apply Director of Nursing, General Hospital, Vancouver, B.C.

General Duty Nurses. Salary: $163.40 per 4 wks. 26 pays in a yr. on a bi-weekly basis. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Duty Graduate Nurses (2) immediately for new 60-bed, well-equipped hospital located on famed Inland Passage. Salary: $185 less $25 for board, room, laundry. 4 wks. annual vacation plus 10 statutory holidays. 44-hr. wk. Sick time. Transportation financed if desired. Apply, giving training school, year of graduation, extra courses, age, etc., Supt. of Nurses, St. George's Hospital, Alert Bay, B.C.

Graduate Nurse for new modern 20-bed hospital. Salary: $150 per mo. & full maintenance. 8-hr. day, 6-day wk. 2 wks. with pay end of yr. Community near U.S. border. English-speaking population. Apply P. J. Rasmussen, Sec., Community Hospital, Climax, Sask.

SCHOLARSHIPS — VICTORIAN ORDER OF NURSES FOR CANADA

- The Victorian Order of Nurses for Canada offers scholarships of $750.00 to assist nurses in taking one year post-graduate training in Public Health Nursing at Canadian Universities.
- Applications will be received until ***May 1, 1951.***

Application forms and further information may be had by applying to:

Chief Superintendent
Victorian Order of Nurses for Canada,
193 Sparks St., Ottawa, Ont.

Graduate Floor Duty Nurses for Mt. Hamilton Maternity Hospital, Hamilton, Ont. Large, well-equipped modern hospital (5,137 births in 1949) with opportunities for wide experience in Obstetrical Nursing. Vacancies on Delivery Floor, Nurseries, Postpartum Floors. 44-hr. wk. Statutory holidays. Bi-weekly salaries: $76-88. For other perquisites & further information write Supt.

Graduate Nurses for modern 100-bed hospital, 60 miles from Vancouver on Trans-Canada highway. Basic salary: $175 plus present C.O.L. adjustment $5 increase. 4 annual increments, $10, $5, $5, $5. Board, residence, laundry charges, $35 per mo. 44-hr. wk. 10 statutory holidays: 28 days annual vacation. 1½ days sick leave per mo. accumulative to 36 days. Apply Supt. of Nurses, Chilliwack Hospital, Chilliwack, B.C.

Graduate Dietitian at Ontario Hospitals in Kingston, Whitby. Initial salary: $2,140 per annum plus $240 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 5-day wk. Apply Supt. at above hospitals.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock. Initial salary: $1,840 per annum plus $240 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 44-hr. wk. Apply Supt. of Nurses at above hospitals.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross salary: $38-44 per wk. 88-hr. fortnight. Hospitalization & medical benefits if ill. Apply C. E. Brewster, Supt. of Nurses.

Registered Nurses for General Duty in active 35-bed General Hospital, 50 miles from Toronto. Salary: $130 per mo. plus full maintenance. Apply Supt., Lord Dufferin Hospital, Orangeville, Ont.

General Staff Nurses for new Sherbrooke Hospital which will open in May. Hospital will have 160-bed capacity & is modern in every respect. New Nurses Residence provides excellent accommodation. For particulars apply Miss V. Graham, Director of Nursing, Sherbrooke Hospital, Sherbrooke, Que.

Nurses—Interesting work with excellent opportunity to gain experience in Orthopedic & Pediatric Nursing. 65-bed hospital. Basic gross salary: $175 plus substantial bonus. Rotating shifts. Room, board & laundry provided at nominal deduction. Staff housed in well-furnished cottages on waterfront. Boating, fishing, tennis. 28 days annual vacation. 10 statutory holidays. Cumulative sick leave. 26 miles from Victoria. Apply, giving date of graduation, training school, age & experience, Queen Alexandra Solarium for Crippled Children, Cobble Hill, V.I., B.C.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $115 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end each mo. 1 mo. annual vacation. 14 days sick leave. Apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Night Supervisor for General Hospital, Moose Jaw, Sask., capable of taking charge of hospital, including delivery room. 44-hr. wk. Gross salary: $190-250. Increase end of 1st & 2nd 6 mos. & yearly thereafter. Cumulative sick pay. 1 mo. vacation. Pension Plan. Apply, giving qualifications, years of experience, etc., to Supt. of Nurses.

Educational Director & Science Teacher by Aug. 1 for General Hospital with approx. 200 students. Degree & experience necessary. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Nursing Arts Instructor for School of Nursing of 94 students. Excellent classroom facilities & living accommodation. Preference given applicants with experience. Good educational background essential. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

Clinical Supervisor, Medical Dept., to be responsible for Clinical Teaching of student nurses. Excellent living accommodation available. Consideration given applicants with experience & good educational background. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

Public Health Nurse (with car) to evaluate patients previous to admission (516-bed hospital for Extended Illness); to evaluate patients' needs on discharge; to take charge of Employee Health & relieve in Hospital Administration. Salary open, depending on qualifications. Modern living quarters if desired & garage. Apply Supt., Queen Elizabeth Hospital, 130 Dunn Ave., Toronto 3, Ont.

Public Health Nurses. Must be qualified. Salary according to experience. Car provided or car allowance. Apply Medical Officer of Health, Northumberland-Durham Health Unit, Cobourg, Ont.

Instructor (qualified) for Training School for Nurses. 144-bed hospital (new hospital anticipated in near future). Good salary with full maintenance. Apply, stating qualifications, experience & salary expected, Supt., Aberdeen Hospital, New Glasgow, N.S.

Nursing Arts Instructor & Asst. Operating Room Supervisor for 200-bed hospital. 8-hr. day. 6-day wk. 1 mo. vacation annually. 8 statutory holidays. Apply, stating qualifications & salary expected, Director of Nursing, Greater Niagara General Hospital, Niagara Falls, Ont.

Asst. Instructor of Nursing (qualified) by Sept. 1. Apply Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

Educational Director (qualified). 548 beds. Well established affiliation program, to initiate staff education program. Communicable, tuberculosis & chronic diseases. Excellent personnel policies, working conditions, pension plan. Annual vacation with pay. Statutory holidays. Sick benefit plan. Apply, stating full qualifications, experience, salary expected, etc., in 1st letter, Personnel Manager, City of Winnipeg, 160 Princess St., Winnipeg, Man.

Nursing Arts Instructor for teaching staff of 450-bed hospital. 165 students. Apply, stating qualifications, Director of Nursing, General Hospital, Saint John, N.B.

Classroom Instructor by Aug. 1 for 125-bed Pediatric Hospital. 8-hr. day, 5½-day wk. 1 mo. vacation annually. Apply, stating qualifications & salary expected, Supt. of Nurses, Children's Hospital, Winnipeg, Man.

Science Instructor & Surgical Clinical Instructor by Aug. 20 for School of Nursing, General Hospital, Regina, Sask. Salaries open. Apply to Supt. of Nurses.

Teaching Supervisor for Dept. of Medicine, Teaching Supervisor for Dept. of Crippled Children, Teaching Supervisor for Dept. of Obstetrics, Head Nurse for Newborn Nurseries, Case Room Nurse & Scrub Nurses for General Hospital, Regina, Sask. Salaries open. Apply, stating qualifications, experience & salary expected, to Supt. of Nurses.

General Duty Nurses for General Hospital, Regina, Sask. 800 beds. 45-hr. wk., rotating shifts. Minimum salary (gross): $160.50 plus daily premium of 40 cts. per evenings & 35 cts. per nights. Vacation: 2½ days per mo. of service plus statutory holidays. Sick time: 21 days annually after 1st yr. Apply Supt. of Nurses.

Registered Nurses for General Duty for 200-bed hospital in Niagara Peninsula. 46-hr. wk. Statutory holidays. Sick leave. 3 wks. vacation annually. Gross salary: $175. Apply Director of Nursing, Greater Niagara General Hospital, Niagara Falls, Ont.

Public Health Nurses for St. Catharines-Lincoln Health Unit. Minimum salary: $1,900 plus Cost of Living Bonus. Allowance for previous experience. Generous car allowance. Cumulative sick leave. 4 wks. vacation & all statutory holidays. Apply Director of Nursing, Municipal Bldg., St. Catharines, Ont.

Obstetrical Supervisor for 30-bed unit complete with Nursery & Formulae Room in 130-bed hospital in Georgian Bay District. Must have experience plus post-graduate work in Obstetrics. Good salary with complete maintenance. Duties to begin early in April. 8-hr. day, 6-day wk. Apply Director of Nurses, General & Marine Hospital, Owen Sound, Ont.

General Duty Nurse for 40-bed hospital. 5 hrs. travelling time from Vancouver. 44-hr. wk. 28 days annual holidays plus 10 statutory holidays. Annual increases & cumulative sick leave. Self-contained nurses' home. Commencing salary: $2,100 annually plus $10 monthly bonus. Full maintenance for $40 per mo. Apply Director of Nursing, General Hospital, Princeton, B.C.

Operating Room Supervisor (qualified) immediately to take charge of new Operating Room Suite. Have depts. of General Surgery, Eye, Ear, Nose & Throat, & Genito-Urinary Surgery. Will work in old dept. until Oct. Hospital is connected with large clinic, has a large variety of cases & is located in capital city. Apply Director of Nurses, Bismarck Hospital, 6th & Thayer, Bismarck, North Dakota.

Operating Room Nurse—graduate with experience in O.R. or post-graduate course preferred. Full maintenance. 1 mo. vacation on salary. Apply Supt. of Nurses, District Memorial Hospital, Winchester, Ont.

Public Health Nurses for expanding Health Unit program in various parts of province. Salary on scale—$2,040-2,640 per annum. Previous experience may be taken into account in fixing starting salary. Superannuation scheme in operation & provision for holiday & sick leave. Further information obtained from & applications sent to Director, Rural Health Units, 218 Administration Bldg., Edmonton, Alta.

Dietitian immediately for 180-bed hospital & School of Nursing. Salary: $175 per mo. plus board, room & laundry. For full particulars apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Senior Public Health Nurse for Town of New Toronto. Salary: $2,600 to start. Modern quarters, pension plan & sick leave benefits. Apply Dr. D. S. MacLennan, M.O.H., 126-6th St., New Toronto, Ont.

Public Health Nurse for generalized program with Health Unit. Maximum salary: $2,000 with allowance for experience. 4 wks. vacation & Blue Cross Hospital Plan available. Car provided. Apply Miss F. L. Fish, Supervisor of Nurses, Bruce County Health Unit, Walkerton, Ont.

Graduate Nurses for General Duty (2). Full maintenance. Apply Montreal Convalescent Hospital, 3001 Kent Ave., Montreal 24, Que.

Supervisor for Visiting Nurses' Association. 4 other nurses on staff. Apply Corr. Sec., St. Elizabeth Visiting Nurses' Association, 461 Main St. E., Hamilton, Ont.

Supt. of Nurses for Mount Sinai Sanatorium, Préfontaine, Que. Excellent working & living conditions in Laurentians. Apply Medical Director at Sanatorium.

Operating Room Nurse & General Duty Nurses for 60-bed General Hospital. Good salary. Apply Supt., Public Hospital, Smiths Falls, Ont.

Asst. Supt. for 60-bed General Hospital. Good salary. Apply, giving full particulars, Supt., Public Hospital, Smiths Falls, Ont.

Registered Nurse for Operating Room in well-equipped dept. Salary starting at $185 plus bonus for P.G. course. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Nursing Arts Instructor & Science Instructor by Aug. 1. New hospital now under construction. Apply, stating qualifications & salary expected, Supt., Charlotte County Hospital, St. Stephen, N.B.

We lay aside letters never to read them again, and at last we destroy them out of discretion, and so disappears the most beautiful, the most immediate breath of life, irrecoverably for ourselves and for others.

—GOETHE